60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 VAN ORMER **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATEARYLAND o. COUNTY b. COUNTY MARYLAND ALLEGANY ALLEGANY b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town). RURAL and give nearest town) CUMBERLAND CUMBERI AND DAYS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 112 N. ALLEGANY MEMORIAL HOSPITAL-MEMORIAL YES NO NAME OF First Middle 4. DATE Lost Month Day Year DECEASED (Type or print) FANNY DEATH 1958 20 AMICK JULY 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost bisthday) FEMALE Months WHITE Days Hours Min WIDOWED DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) WEST VIRGINIA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM MORELAND MARTHA MATTHEWS IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) MEMORIAL HOSPITAL-MEMORIAL AVENUE 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter palure of injury in Port I of Port II of item 18.) 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f. (City or lown) (County) (State) foctory, street, office bldg., etc.) o. m. While Not while of work of work D. m 21. I certify that I attended the deceased from. 195 d. that I last saw the deceased

and that death accurred at 11:20P.M. from the causes and an the date stated above

ADDRESS (Street, city or town, state) ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) VAN ORMER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) FUNERAL/DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR

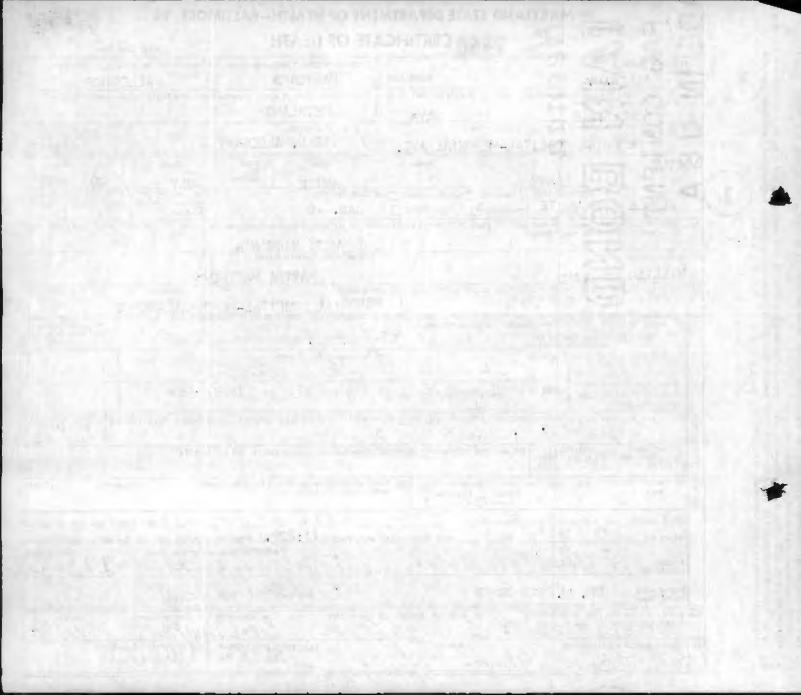
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DATE WWay.

REGISTRÁR'S SIGNÁTUL 2 8 '58

(Slote)

VS A15 (4) 1SM 10/57



VS. ATSME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 746 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

p. COUN	ТΥ УТ	anv		MARYLAN	40	O. STATE MA					A11			isian)
b. CITY O	R TOWN (II at	tside corporate limits, writ	e RURAL	E. LENGTH OF STAY IN 1		c. CITY OR TOV	WN (If out	tside corp	porote limits.	write R	URAL one	aive n	earest to	wnì
and giv	ve negresi Iswn)			60vrs		of Cumbe	-	-	NI K I'D					,
	OF HOSPITAL		If not in	hospital, give street oddress)		d. STREET ADDR		<u>,</u>	11707				T. 15 0	ESIDENCE
U, 141				1107		1	ayet	++o	AWO				Old	A FARM?
Del		emorial		spital										NO N
3. NAME O	D	Fit	st	Middle		Lost		OF		Month		Day		100
(Type or		Myrtle	L		-	inger		DEATH	July	29	,			958
5. SEX		6. COLOR OR RACE	/- MA	ARRIED MEVER MARRIED	] B. E	DATE OF BIRTH		~	9. AGE (In ye	1049	Months	Days	Haurs	Min.
म		W		WED DIVORCED	1 -	lugust 7	, I8			yrs.		Duj.	1100.3	141111
during ma	OCCUPATION	l (Give kind of work life, even if retired)	done 10	06. KIND OF BUSINESS OR IND	USTRY			_	,,,				F WHAT	COUNTRY
400	sewif			Ownhome		Gaithe	ersbu	urg,	Md.		U	SA		
13. FATHER	S NAME					14. MOTHER'S MAIL	DEN NAM	AE					A	
John	Durb	in				Mary	J.	Nor	ris					
	CEASED EVER	IN U. S. ARMED FO	RCES?	16. SOCIAL SECURITY NO. 17	, INF	ORMANT			Ad	dress				
No	rudosti, (ii	r yes, give war ar eates or	servicej	None	I	eoda M.	Bea	rrin	ger 9	200	LaF	ave	tte	ve
	SE OF DEATH	Enter only one car	ne per	line for (a), (b), and (c).					0			INI	EVAL BETWEEN AND DE	EN
		WAS CAUSED BY:		Coronary oc	07	ngion						-		in:
175	20,1	AMEDIATE CAUSE (a	)	Coronary oc	01	usion			· · · · · · · · · · · · · · · · · · ·	-		- 0	O IM	Lili
1 1 1	ions, if ony	DUE TO		Cononomy 0	0.7	amonta								
	se ta immedic	te couse		Coronary S	CL	er.osrs						-		
(a), sta	ting the un													
		SIGNIFICANT CON		S CONTRIBUTING TO DEATH BE	IT NIC	T DELATED TO THE	TERAMATA	I PARE ASI	COMPLICA	I CIVE	a las man	7 2/-> 2	0 1414.5	AUZORCY
Ď.	AKI II. OTTIC	SIGNIFICANT CON	DITION	3 CONTRIBUTION TO DEATH BE	71 140	T RECAILS TO THE	T CRIMINAL STREET	LDIJENJE	COMBINO	4 OITE	N IN CAK		PERFC	RMED?
5 20- 641	TERMAN CAUS	r sures la	W 0000	Chine Light Delivery Occumber	15.				* * * * * * * * * * * * * * * * * * *				YES [	ио 📜
PRIMAR CAUSE	TERNAL CAUSI Y G or CONT OF DEATH.	RIBUTING D	70. DESC	CRIBE HOW INJURY OCCURRED	, (Ent	er noture or injury i	in Fort I a	or Porf II	of item 18.)					
2	AE OF INJURY	Month, Day, Ye	٧	Vhile Not white	PLACE	OF INJURY (Home y, street, affice bldg	g., etc.)	20f. (City	or lown)		(Cou	inty)		(Stole)
-	p. m.	19		il wark at work						16-		p=46/6		
		-		ne remains described a			itapsy [	, Ir	spection	<b>L</b> ,	Inquir	у Л	, an	d in my
apinia	an deoth re	esulted from:	Natur	al causes 🔼 , Acciden	1	, Suicide	, Har	micide	. Un	deter	mined r	nanne	er 🛄	
	//	,	1 6	him									DATE S	ICNED
SIGNAT	TURE L	medici	14	cetarelie)		M.D. CHIEF MEDIC	CAL EXAM	INER					DATE :	HONES
						ASSISTANT M	MEDICAL E	EXAMINE	R 🔲					
NAME	(Type)	Benedict	Sk	itarelic, M.	D.	DEPUTY MED	HEAL EXAM	MINER [	X J	ulj	7 29	,19	58	
220. BURIAL	CREMATION	226. DATE THERE	)F	22c. NAME OF CEMETERY	OR C	REMATORY	220	d. LOCAT	TION (City, H	own, or	county)		(State	p)
Buri		8-I-58		Rose Hill	Cer	n.	(	Cumb	perlar	nd,	Md.			
23. FUNERAL	L DIRECTOR'S	SIGNATURE		ADDRESS		24a.	REC'D BY	The sales of the later of the l			RAR'S SIC	MATH	re.	
James	s F. S	carpell:	i C	umberland, M	d.	DAT	WUL 3	3 1 '5	8 ()	end	-edu	eh		
1			6 . 22		-					-	-			

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this difficate has been signed by the attending physician and camplets filled in by the funeral director, page 3 should be detached for use of the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayol, and in any event within 72 houry after death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7462

CERTIFICATE OF DEATH

		a Xu	G Tall						Reg. C	list. No		1211
ALLEGANY			MARYLAN	11	O. STATE	E (Wher		d lived. If instituti b. COUNTY			are odmiss	ion)
b. CITY OR TOWN (I RURAL and give of CUMBERT		ts, write	c. LENGTH OF STAY IN 1	b	A	N (If out		orala limits, write R	URAL and	give ne	arest tawr	7)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRE	ESS						FARM?
	HEART HOSP				12 EA			D STREET			AF2	NO
3. NAME OF DECEASED (Type or print)	JOSERH	T NE	Middle		FOURE	1	OF DEATH	JULY JULY	rth	3	•	Yeor 19 5
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	8. D	ATE OF BIRTH			9. AGE (In years	IF UNDE	RIYEA	R IF UNDE	R 24 HRS
FETALE	WHITE	WIDOWI			ARCH 019	. 18	374	84 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATION during most of world HOUSEWI	king life, even if refired	done 10b.	KIND OF BUSINESS OR IN Own Home		11. BIRTHPLACE	(State or		ountry)		TIZEN O	OF WHAT	COUNTR
13. FATHER'S NAME	.P.Es		01121 110210	1	4. MOTHER'S MAIL	the section of			Uer	0.410		
Antonio Sin	ibaldi	(DE	CEASED )		Maria Ci			(DEC	CEASE	D)		
1S. WAS DECEASED EVE Mes, en or unknown]	R IN H. S. ARMED FOR (If yes, give wor or dates of s		None	DATE	RMANT LENTS CH	ma A		Adds				
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which		The for (a), (b), and (c).]	er el	in free	Z.	en	ourh	ye.		SET AND	
lying cause last.	} (c	1	eght.	2	our	gal	25	en		.5	de	ay
PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH E	BUT NOT	RELATED TO THE	TERMINA	AL DISEAS	E CONDITION GIV	'EN IN PA	RT 1(a)		AUTOPSY RMED? NO [
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	TRIBE HOW INJURY OCCUP	RRED. (E	nter noture of inju	ery in Par	t I ar Por	I II of item 16.)				
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yes	20d. IN While of worl	Not while	PLACE factory.	OF INJURY (Home, street, office bldg	, form, j., efc.)	20f. (City	or town)		(County)		(State)
21. I certify the alive an ACTUAL SIGNATURE	lat Lattended the	decease 12	Sunet	3 d oth ac	., 1958 to curred at 1:	10%.	M, from	7 3., 19 5 in the causes a treet, city ar town.	ind an	last so the do		deceased above
PHYSICIAN'S NAME (Type) C	LAY E. DUR	ert,	M.D.B		236 v	IRGI	NIA	AVE. CU	BERI	AND.	MAR	YIAD
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		)58	St. Marys Ce		EMATORY	2	2d. LOCAT	TION (City, tawn, o			(State	e)
23. FUNERAL DIRECTOR			ADDRESS		U		BY REGIST			GNATO	RE/	
Charles L.	George, C	tumber	rland, Md.		DAT		UL 7	'58 (1)	U.L.	suc	h	

TO LANGE . . 4 4 6 TOTAL STREET, MARKET NAMED OF THE STREET, MARKET THE RESERVE OF STREET STREET, STREET STREET, S 

VS A15 (4) 1SM 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7504 CERTIFICATE OF DEATH

1"	o. COUNTY	llegany		MARYLAND	a. STATE		land	b. COUNTY	All			ionj
F	b. CITY OR TOWN ( RURAL and give a	outside corporate limited aconing	ts, write	c. LENGTH OF STAY IN 16	c. CITY OF		outside corpor	ate limits, write RI	URAL and	give nec	rest fown	)
	d. NAME OF HOSPI OR INSTITUTION	Robin			d. STREET	ADDRESS	Robin	Street	,			FARM?
L	NAME OF DECEASED (Type or print)	Harry		Middle Leroy		ell	4. DATE OF DEATH	Jul		19		Year 19 58
5.	Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	Sept	тн 18 <b>, 1</b> 8		9. AGE (In years lost birthday) 59 yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.
	during most of wor			KIND OF BUSINESS OR IND OWN Busines	USTRY 11. BIRTH	stern	or foreign co				A.	COUNTRY
		James H.	Bel	1				azenbak	er			
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Addr				
-	no			16-05-5308	Mrs.	Harry		Lon	acon	ing	, M	d.
		ATH [Enter only one co ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	C	ne for (a), (b), and (c).]	a 0	"Wif	e" phry	( tur		ONS	RVAL BE	DEATH
	Canditions, if a gave rise to I cottle (a), stating lying couse lost.	mmediate ( DUE TO	)		į.		<u> </u>					
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH BE	JT NOT RELATED	O THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	RMED?
1 -4	200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURI	RED. (Enter noture	of injury in	Port I or Port	II of item 18.]				,
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	20d. If While of wor	Not while	PLACE OF INJURY octory, street, off	(Home, for ce bldg., et	m, 20f. (Cily	or lown)	(0	County)		(Slate)
	21. I certify the alive on actual SIGNATURE	nat (attended the curve 30	deceas	ed fram Macco	31, 195 th occurred a	201 1201		the causes a	nd an ti		te state	
	PHYSICIAN'S L	ESLIE	R. 1	MILES JR	So	nac	enu	may )	nd			
L	BURIAL CREMATIC REMOVAL (Specify) Burial	7/22/5	_	Philos (		У		ternpor			[State	•)
	FUNERAL DIRECTOR George E	ichhorn	7	ADDRESS	312		D BY REGISTE		01	SNAJUR	7	
	GCOT RE D	Termoral	1.	onaconing,	Md.	DATE	JUL 24	58 4	1.000	uu	Λ.	

CELURICATE OF DEATH BITTE ME AND AND 30 25 3 05 Line A SA CONTRACTOR AND THE SAME AN Tricity to open accompanies to an interior and the state of the state of seering stablished both towning the man man and the N

VS A15 (4) 1SM 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

** * * * *		
7463	CERTIFICATE OF DEATH	ARABO
- 14	CERTIFICATE OF DEATH	Reg. Dist. No. 12459

1. PLACE OF DEATH 0. COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. b.	If institution: Residen	nce before admission)
b. CITY OR TOWN (If outside corpor RURAL and give nearest town) CUMBERLAND	rote limits, write	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a		its, write RURAL and	give nearest fown)
d. NAME OF HOSPITAL (If not in ho OR INSTITUTION  MEMORIAL HOSPITAL.	WARWICK A	ND AVE	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ELMER	Middle	lost BENNETT	4. DATE OF DEATH	Month	Doy Yeor 22 -19 58
S. SEX 6. COLOR OF WHIT	RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	884 9. AGE		1 VEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of Oduring most of working life, even if	<u></u> 3	+ O P. R	SLATE F	RUN PA	u	S. A.
15. WAS DECEASED EVER IN U. S. ARM	BENNETT ED FORCES? 16. 50	CIAL SECURITY NO. 17.	INFORMANT	ANN HULE	Address	
(If yes, give war or	dotes of service)		MEMORIAL HOSPI	TAL	CUMBERLAI	ND. MD.
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO  (b) Car  DUE TO  (c)		othe Candro ;			T 1(o) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICAN  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAM	20b. DESCRI	BE HOW INJURY OCCURR	ED. (Enter nature of injury in F	Port I or Port II of ite	m 18.)	YES NO []
ZOC. TIME OF INJURY Month, Do Hour a, m. p. m.	19 20d, INJU While of work	Not while of work	LACE OF INJURY (Home, farm, scrory, street, affice bldg., etc.	20f. (City or town	) (0	County) (Slote)
21. I certify that I attende alive an	b Step	8., and that deat			auses and an th	last saw the deceased the date stated abave.  DATE SIGNED  Merland 2-3
Server 7/3	THEREOF 2	Helleres	Burl Ph	22d. LOCATION (C)	ty, town, or county)	Ma Q
23. FUNERAL DIRECTOR'S SIGNATURE	Inc.	ADDRESS	14 1	UL 2 5 '58	246 REGISTRAR'S SIG	weh

TO THE OWNER OF THE PARTY OF TH A P STATE OF The second of the second of the second

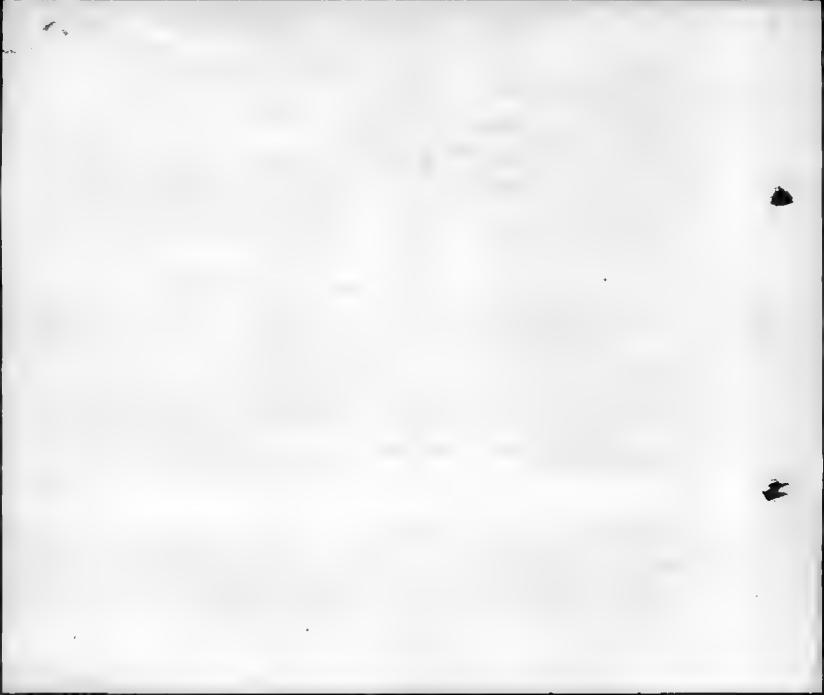
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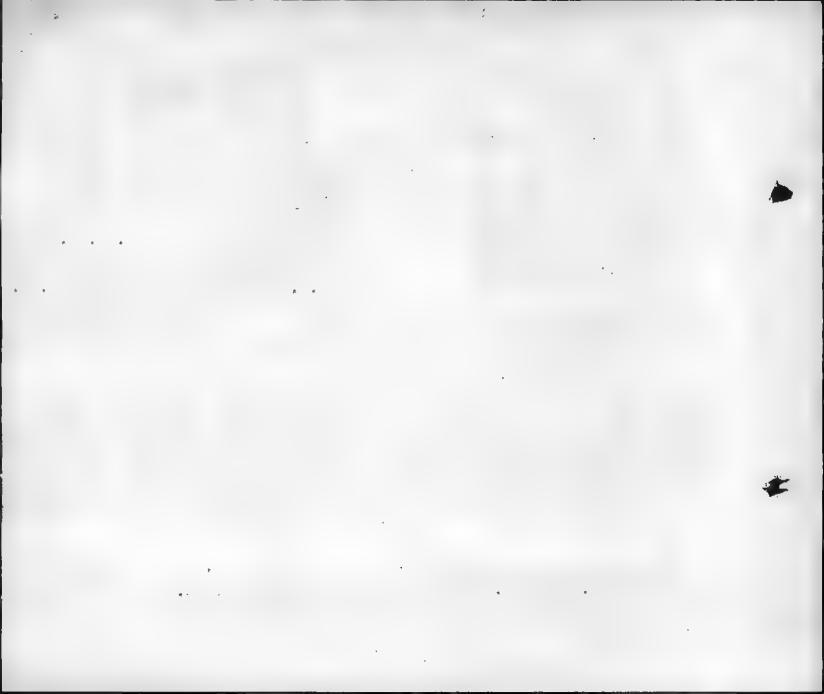
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7505 CERTIFICATE OF DEATH

		4 0	OJ CERTIFIC	AIE OF DEAT			Reg. Dist. No.	
1.	PLACE OF DEATH o. COUNTY	Allegany	MARYLANE	2. USUAL RESIDENCE (WI o STATE Mary		d lived. If instituted b COUNTY	Allegan	
	b. CITY OR TOWN (II RURAL and give ne	f outside corporate fimils, write crest town?	c. LENGTH OF STAY IN TO	c. CITY OR TOWN (If	outside corpo	rote limits, write Ri	JRAL and give neare	est town)
_	Eckha	rt	Lifetime	_ X Eckha	art			
	OR INSTITUTION	AL (If not in hospital, give street	address)	d STREET ADDRESS				IS RESIDENCE ON A FARM? YES NO 📉
3	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont	th Day	Year
	(Type or print)	Ellen	C.	Byrnes	DEATH	July	20th	19 58
5	SEX	6 COLOR OR RACE 7. MARE	HED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TYEAR IF	UNDER 24 HRS
F	'emale	White woow	DIVORCED	Nov.23rd,	1889	69 yrs	Months Days	Hours Min
I	during most of work etOffi	N (Give kind of work done ling life, even if retired)	kind of cusiness of intuition to	Marvla:	min	ountry)		WHAT COUNTRY
-	FATHER'S NAME		TI TO TO	14. MOTHER'S MAIDEN N			I USA	
	John J	. Byrnes		Elizabe		C11774 ***	0.10	
15.	WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17	INFORMANT	ULI CI.	Sulliva		
JY4	s no, or unknown) (	# yes, give wor or dates of service)	4-05-8617	John Byrnes	-		2.57	
	IB. CAUSE OF DEA	TH [Enter only one couse per lin	7 9 9 2 /	Joint Dyrnes		Eckhart	MO.	VAL BETWEEN
		TH WAS CAUSED BY:	the state of	Lont 1	20.		ONSET	AND DEATH
	LIOX	DUE TO	a regulation of	Terre pro		4		weeps
	' '		honi 2	relande do	- 7	DIADI	70	
	Conditions, if on gove rise to in	nmediate (	24 4	- vuice pe		aup.		
	couse (a), stating t lying couse last.	) (c)	mittal i	nouffelle				
CATION		ER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	INAL DISEASI	CONDITION GIV		WAS AUTOPSY PERFORMED? TES NO Z
CERTIF	OR CONTRIBUTING	L I CAUSE OF DEATH I	CRIBE HOW INJURY OCCUR	RED (Enter noture of injury in )	Port I or Part	II of ilem 18)		
MEDICAL	20c TIME OF INJURY	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PLACE OF INJURY (Home, form factory, street, office bldg, etc.	, 20f (City	or town)	(County)	(State)
MED	Hour o.m.	19 While of world	Not while	includy, sireel, office blog., etc.	1			
	21 Leastific the	at I attended the decease	nd from 12 d	Left 10 CC 10	1 12	did no	1 1 1 1	
	alive an 19	0 4th 10	~ .	104, 1958, 10	Can to		that I last saw	
	divo dii	and franciscope and the second	ρ-, and mar ded	th occurred atA	ADDRESS IS:	n the causes a reet, city or town, s	nd an the date	DATE SIGNED
	ACTUAL SIGNATURE/	· alpoil V	m orner	M.D. 17.2 S	·Con	ti Si	2	20 guly 5
	PHYSICIAN'S W .	Alfred VanO	rmer	Cum	lal	nd m	vl.	
220	- BURIAL, CREMATION REMOVAL (Specify)		22c NAME OF CEMETERY			ION (City, town, o	r county)	(Stote)
	Burial	7-22-58	St. Michae	1's Cemeter	r Fro	stburg.	M	ld.
23.	FUNERAL DIRECTOR'S		ADDRESS	24o. REC'	D BY REGIST		TRAR'S SIGNATURE	\$,
	Joseph R	. Durst. Fr	ostburg. Md	DATE	111 22	158	01	4



1. PLACE OF DEATH o. COUNTY	Allega	any	MARYLAND		ce (Where decease ryland	sed lived. If institution b. COUNTY	Alleg	efore odinission	1
RURAL and give n	berrand	9	NGTH OF STAY IN 16	N .	N (If outside com	porote limits, write R 1 <b>d</b>	URAL and give	nearest town)	
d, NAME OF HOSPI OR INSTITUTION	Allegany	~	•	d STREET ADDI		Street		e. IS RESIDE ON A FA YES N	RM2
3 NAME OF DECEASED {Type or print}	Do	ra.	Middle Louise	Carro	11 4. DATE OF DEAT			Day Year 19	58
s. sex Female	6 COLOR OR RACE	WIDOWED [	DIVORCED	8/4/191	3	9 AGE (In years last birthday) yrs	Months Day	AR IF UNDER 2	Min Min
during most of wor  Housek	king life, even if retired	dane 10b KIND	Home	PUSTRY 11. BIRTHPLACE		country)	12 CITIZEN	S. A.	DUNTRY?
13. FATHER'S NAME	illiam Ba	antz		14. MOTHER'S MA	nta Cra	Rhtree			
15 WAS DECEASED EVI	R IN U. S. ARMED FO		AL SECURITY NO. 17 - 14-1699	INFORMANT P.O	Box 59	99 Addi		erland cords	,Md.
Conditions, if of gave rise to i cause (a), stating lying couse lost.  PART II Of PART II Of CONTRIBUTION	The under DUE TO DUE DUE TO DU	20b. DESCRIBE	Chrone Ch	LLL OT A  PLACE OF INJURY (Homotory, street, office ble	ury in Part I ar Pa		1436	PERFORM YES N	TOPSY
21. I certify the clive on	or lattended the	deceased fr	am 9/3/5, ond that dec	th occurred a <b>Q;</b> Em.d. 49		om the causes of (Street, city or town,	nd on the		
220 BURIAL, CREMATIC PEMOVAL (Specify 23. FUNERA, DIRECTOR	1//0/3	8	NAME OF CEMETERY Sunsel M ADDRESS	eno. Por	REC'D BY REGI	ATION (Cuy, town, o	TRAR'S SIGNA	State)	2
games	Blein	Mac	(runb	M W DA	JUL 7	58 Qu	1 - earl	h	





ed in by the funeral director, I and 2 should be filed with

N

24 hours after death. Page

TO HOSPITAL OR ATTENDING PHY \*CIAN: The law requires that the death certificate be executed with

may be retained by the haspital armending physician.

TO FUNERAL DIRECTOR: After this contract has been signed by the attending physician and camplete page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pethe registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

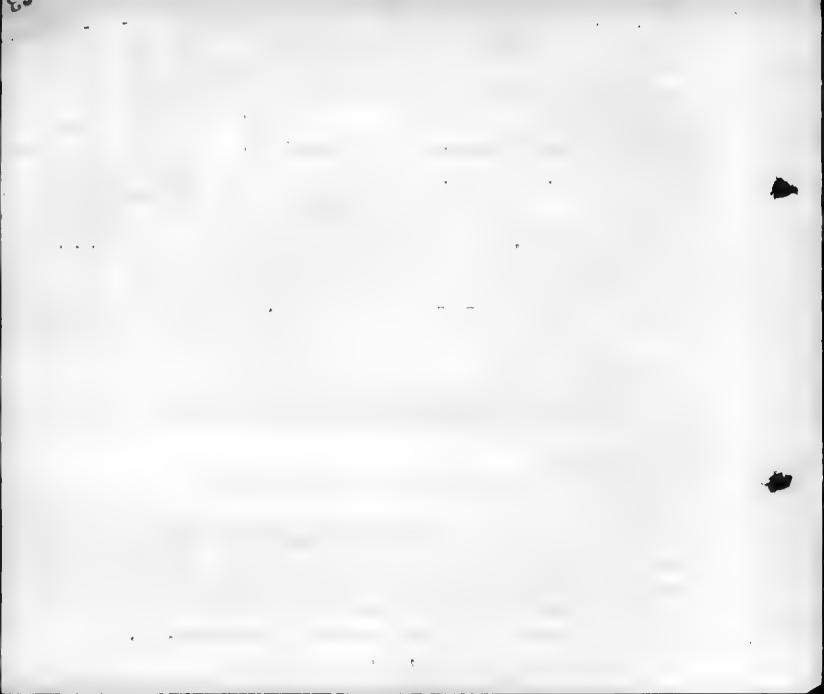
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

- 074bL

1466 LEKIIFICATE OF DEATH	466	CERTIFICATE	OF	DEAT
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Reg.	Dist.	No.
		1100

				Kag. Dis	11. 110.
1. PLACE OF DEATH 0. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (W)  o. STATE  MARYLAND	nere deceased lived. b	If institution Residence, COUNTY	
	GTH OF STAY IN 16	c. CITY OR TOWN (IF a		The second secon	151
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL, MEMORIAL AV		d STREET ADDRESS BEECHWOOD			e. IS RESIDENCE ON A FARM? YES NO X
3 NAME OF First DECEASED (Type or print) MR . NOTLEY	Middle B.	COOK	4. DATE OF DEATH	Month JULY	Day Yeor 19 58
MALE WHITE WIDOWED	DIVORCED	8. DATE OF BIRTH	1899	(In years   IF UNDER	YEAR IF UNDER 24 HRS Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Kootz Coal CO.	F BUSINESS OR INDU	MARYLAND	or Toreign country)	12 CITI	ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
ROBERT COOK		MARM MARY	NICOL		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [If yes, give war or dotes of service) 215-0		UMBERLAND, MD	MEMOR I	AL HOSPITA	L
18. CAUSE OF DEATH [Enter only one couse per line for (o' PART I. DEATH WAS CAUSED 8Y- IMMEDIATE CAUSE (o) DUE TO		rdine Fai	lue.		INTERVAL RETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), storing the under:	rosclow	the Heat of	Peseus	R	?
lying couse lost. (c)	emile 1	Thubyay	ul, Ch	world	8 money
PANY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  206 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OW INJURY OCCURRE	D. (Enter nature of injury in F	ort I or Port II of th	em 18.)	
		ACE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f. (City or fowr	n) (Ca	ounty) (Stote)
21. I certify that I attended the deceased from alive an 10 Sul 1958	V	occurred at 7:10A	MM, from the		ast saw the deceased
SIGNATURE W. Olher Van	Oine,		address (Street, city		DATE SIGNED
PHYSICIAN'S NAME (Type)		Cumb	rlow	Ind.	
REMOVAL (Specify)	AME OF CEMETERY OF	erematory	22d LOCATION (C)	ty, town, or county)	(State)
23 FUNERAL DIRECTOR'S SIGNATURE AD	ONING, MI	240. REC'D		246 REGISTRAR'S SIGN	NATURE LICK

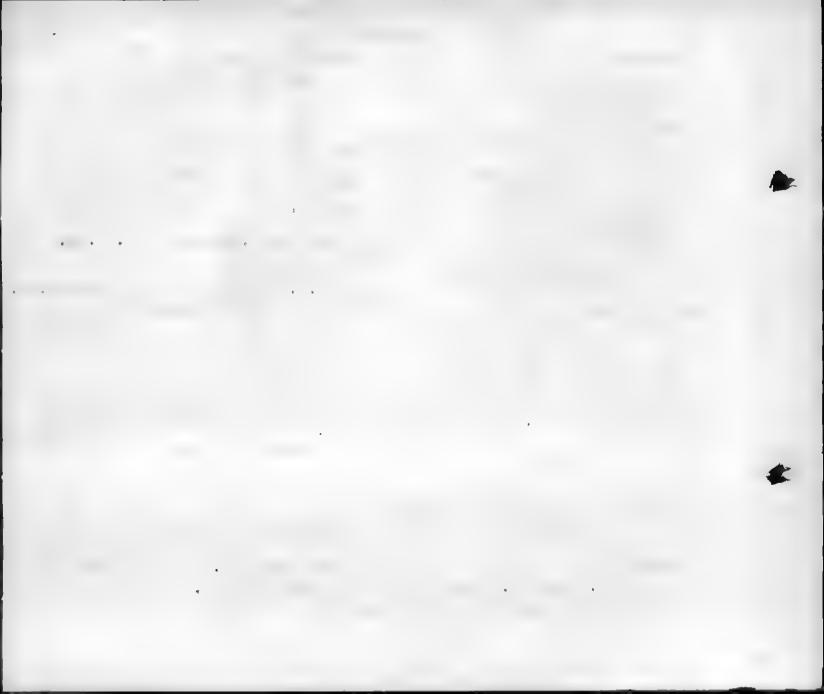


VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7467 CERTIFICATE OF DEATH

- (	Ì	4	4	6	

,		PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased	lived If institution	n- Residence	before odmis	sion)
	Ľ	o. COUNTY	Allega	ny	MARYLANS	D. STATE	yland	b. COUNTY		egany	,
		RURAL and give nec	outside corporate limits prest fown) Prland	s, write c. LE	NGTH OF STAY IN II	CITY OR TOWN		rote fimils, write RU	RAL and giv	e nearest tow	n)
_	-	d. NAME OF HOSPITA	L (tf not in hospital, gr	ve street oddres	s)	ø. STREET ADDRESS	5			e IS RES	SIDENCE
11			Allegany		Infirma	ry 301	Fairv:	lew Stre	et		NO A
		NAME OF DECEASED	First		Middle	Constant	4. DATE OF	Month			Year P Q
	_	(Type or print)		erine	Peters	Crawford	DEATH	July			19 58
\	5 5		6. COLOR OR RACE					9 AGE (In years II		FEAR IF UNDI	ER 24 HRS
1		Female		WIDOWED 🔼		5/12/187		QQ 3u		37. 110013	77111
)		during most of worki Housewife	ng life, even if relired)	one 106 KIND	OF BUSINESS OR INI	Western		-	12. CITIZI	S. A	COUNTRY?
		FATHER'S NAME				14. MOTHER'S MAIDE		9			
		F	erdinand	Peters	}	Katri	na Wacl	h			
	15 (Yes	WAS DECEASED EVER	IN U.S. ARMED FORCE	ES? 16 SOCIA	L SECURITY NO 17	INFORMANT P.O.	Box 599	9 Addre	" Cum	berla	nd.Md
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	777, 970 00 00 001		.A	llegany Co	unty I	afirmary	Rec	ords	
		PART 1. DEAT	H [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO	se per line for (	(a). (b) and (c).)	ira (The	CLETE	Lagu	4	INTERVAL BE	
		Canditions, if on gave rise to im cause (a), stating the	mediate ( DUE TO	14	reles.	a ( an 1-1	LEON	ellro:	60,	- ?	
	7	lying cause last.	(c).	(	12001	is /ty	0000	difer		7	
3	CERTIFICATION		T .	er, M	BUTING TO DEATH B	IT NOT RELATED TO THE TE	1 2 . 1	CONDITION GIVE	N IN PART I	PERFO	AUTOPSY DRMED?
		200 ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER, NOTIFY A	UNDERLYING TO TOUR COURSE OF DEATH AEDICAL EXAMINER)	POL DESCRIBE H	OW INJURY OCCUR	RED. (Enter nature of injury	ig/Part 1 ar Part	Il of ilem 18.)			
	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m	Manth, Day, Year	While N		PLACE OF INJURY (Home, fi factory, street, affice bldg.,	orm, 20f. (City etc.)	or town)	(Cou	inty)	(State)
		21. I certify the	t lattended the	deceased fro	om 6/4/58	. 19 to	7/26/	58 , 19,	that I las	it saw tha	derensed
		alive an	/25/58	. 19	, and that dea	th accurred at 9:2	OA M from	the couses on	d on the	data state	d chave
		7		19 3	200			eet, city or town, st			ATE SIGNED
		ACTUAL SIGNATURE	20 € € € €	16.1	1 Full	Go 119 an	eene Si			7/26/	Ę Ŗ
1		. / -		D 34 #						11.6517	29
Ť	ı	PHYSICIAN'S DI	r. James	E. McI	ean.	Cumbe	rland,	Md.			
	220		22b. DATE THEREOF	22c	NAME OF CEMETERY	OR CREMATORY	22d, LOCATI	ION (City, lawn, or	countyl	(Stote	
	63	REMOVAT (Specify)	7-29-	1000	Doalin	· The man	(W)	alerai	40	2 8	*1
	23.	FUNERAL DIRECTOR'S	SIGNATURE	A	DDRESS	20.00	C'D BY REGISTA	AR NO REGIST	RAR'S SAGNI	ATURE	
	1	NH. FL	bulle	ArCL	minde	TUND DATE	L 2 9 '58	w.	eauch		



filled in by the funeral director, ges I and 2 should be filed with

24 haurs after death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

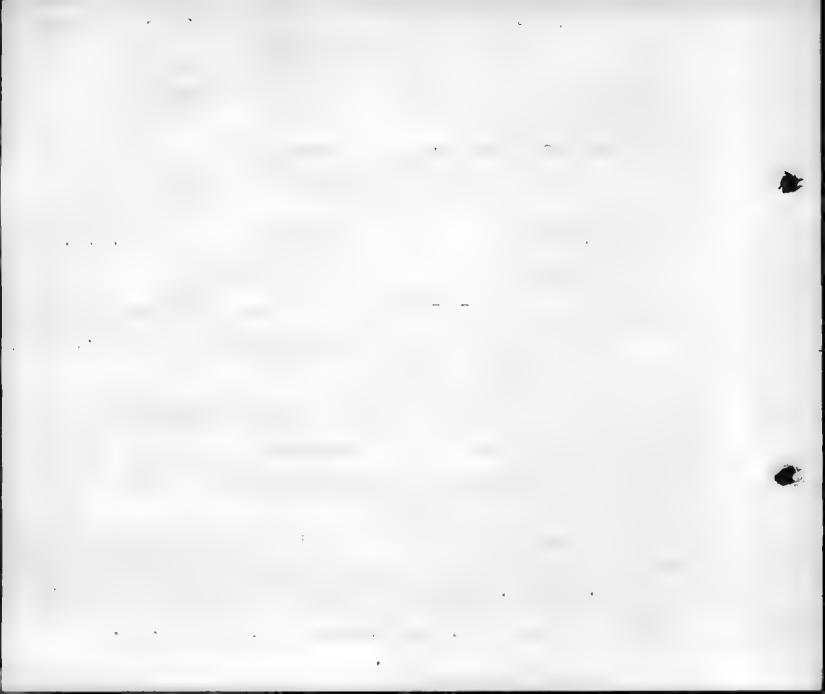
# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7468 **CERTIFICATE OF DEATH** 

			<i></i>							(eg. Dist. N	10.		
1. PLACE OF DEATH o COUNTY					2 U5U/	L RESIDENCE (	Where decease	ed lived. If in	stitution	Residence be	fore admi:	ssion}	
ALLEGANY				MARYLAND 6 COUNTY LLEGANY									
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
CUMBERLAND II DAYS					LONACONING								
d NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital of	#W175	RODAND		d STREET ADDRESS e 15 RESIDENCE								
MEMORIAL	HOSPITAL- M	EMOR			R	LLROAD	STREET	•				A FARM?	
3. NAME OF DECEASED	Fir	st	A	Aiddle		Lost	4. DATE		Month		Day	Year	
(Type or print)	MARY			ANN	DAILEY		DEATH	OF DEATH JULY			21 19 58		
5 SEX	6. COLOR OR RACE	7. MARR	HED NEVER A	MARRIED	B DATE O			9 AGE (In	years IF	UNDER 1 YEA	AR IF UND		
FEMALE	WHITE	WIDOWI		ORCED	JUN	2		lost birth	doy) M	fanths Doys	Hours	Min	
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSIN	IESS OR INDU	STRY 11 B	IRTHPLACE (Sto	te or foreign c	ountry)		12. CITIZEN	OF WHA	T COUNTR'	
	king life, even if retired USEWOPK					ENGLAND	)			U.	S. A	•	
13. FATHER'S NAME					14. MO	THER'S MAIDEN	NAME						
	MICHAEL M					MARY	CALDER	000W					
15 WAS DECEASED EVE (Yes, no. or unknown)	R IN U.S. ARMED FOR	CES? 16	SOCIAL SECURIT		INFORMAN				Address				
No		2	216-05-		MEMOR	AL HOSE	PITAL	CUM	1BERL	AND. M	ARYL	AND	
	ATH [Enler only one co	use per lir	ne far (o), (b), an	id (c). ]	7		_	1		LIN	TERVAL B		
PART I. DEA	PART I. DEATH WAS CAUSED BY:									O	NSET AND	DEATH	
1.06.00.00					1		2 000	L			114	the firm	
Conditions, if o	Conditions if any which )												
gove rise to i	gove rise to immediate												
lying couse lost.	THE UNCHE-												
	HER SIGNIFICANT CON		ONTRIBITING T	O DEATH BUT	MOT DELA	TEN TO THE TEN	MAIAL DICE A	C COMPLETO			Inc. inc.	A 6 x 20 m 46 m 16	
PART II. O'I		27110113	SITTER DO THE T	O DEATH BOI	INCH KEEN	ED TO THE TER	MINAL DISEAS	E CONDITIO	N GIVEN	IN PAKE 1(0)	PERF	SMED5	
	LE LIMBERTANIC C	20L DECC	COURT HOUSE IN IN	101 - 001100-			· · · ·				YES	NO []	
OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	CRIBE HOW INJU	JKT OCCURRE	D (tnler no	iture of injury ii	Port I or For	t II of item 18	3.)				
. [		r 20d 16	JURY OCCURRE	D 20e PL	ACE OF IN	URY (Home, far	m 205 (Cit.			10.	-		
20c. TIME OF INJUR	19	While	Not while	_ fee	clory, street	office bldg., e	fc.)	er town)	Say .	(County	/}	(State)	
₹ p. m.	17	ol work	c ol work	<u> </u>	1		1	1					
21. I certify th	at I aftended the	decease	ed from	-/ <i>-/-/-</i> ,	5. 12, 19	, to	11211	<u> </u>	H	hat I last :	saw the	decease	
alive on	71/211/51	12	, and	that death	occurre	d at 2:40	P.M. From	n the caus	es and	on the d	ale stat	ed Inhav	
,	1K, 471	//	01	í				treet, city or,				ATE SIGNE	
SIGNATURE MD MD										a cong	1/22/0		
	/-				711 Januari	1///	7					/-,2.	
PHYSICIAN'S NAME (Type)	DR. RICHARD	) J.	WILLIAMS	3		27	1. 1. 1.	-t. t.			-~	/11.	
220 BURIAL, CREMAT O		F	22c. NAME OF	CEMETERY O	R CREMATO	DRY	22d LOCA	TION (City, Id		ounty)	(\$1a)	(e)	
REMOVAL (Specify)	7/24/19	58			Ceme	. /	_	nacon	4		A (SIO	-1	
23 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	J. W.	000	240 REC			-	AR'S SISISINA	URE.		
GEORGE I	EICHHORN,	LON	ACON IN	G. MD	•	DATE	UL 2 4	20 0	Dell'	COOCOL			

may be retained by the haspital or inding physician.

TO FUNERAL DIRECTOR: After this contract has been signed by the attending physician and campletely page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon popers. Parthe registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 10/57





e. IS RESIDENCE ON A FARM? YES I NO SX

19 5

IF UNDER 24 HRS

Hours

ONSET AND BEATH

(County)

PERFORMED? NO T

(Stote)

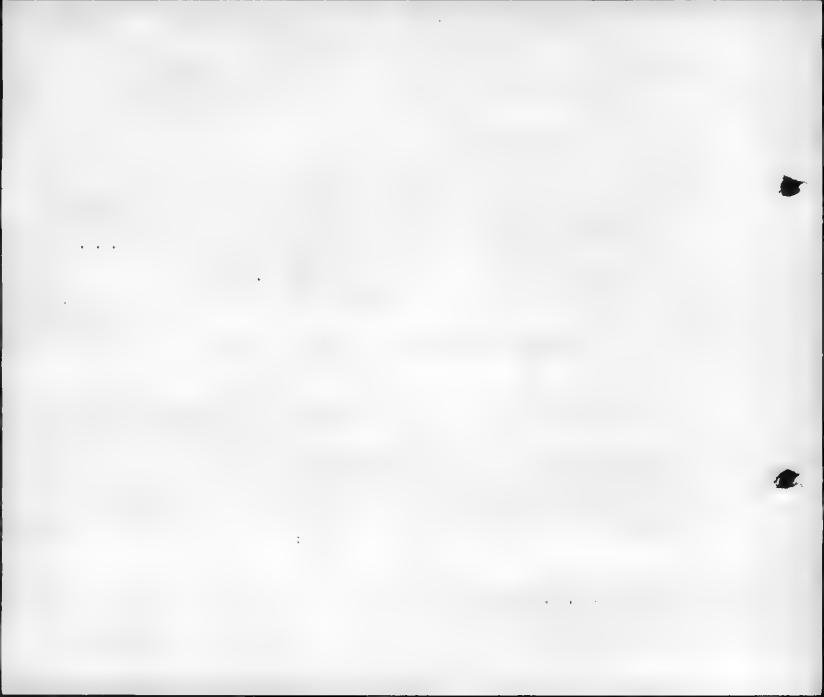
and in my

DATE SIGNED

A15ME



		*	17469
	7470 CERTIFICA	ATE OF DEATH Reg. Dist. P	No
1	PLACE OF DEATH  a. COUNTY  ALLEGANY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived its institution Residence book STATE MARYLAND b. COUNTY GARRE	
	b CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)  CUMBERLAND  CUMBERLAND  CUMBERLAND  CUMBERLAND	c CITY OR TOWN (If outside corporate limits, write RURAL and give	
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL	d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO 14
	NAME OF DECEASED (Type or print) BABY GIRL Middle	FRANTZ 4. DATE Month JULY	12 19 58
	FEMALE WHITE WIDOWED DIVORCED	JULY 11, 1958 last birthday) Months Day	1 20° 35°
	<ul> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ul>		S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	DALE WILLIAM FRANTZ WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 I	PATRICIA L. FOREST FRAZE	<i>F</i>
	ts na. or unknown) (If yes, give wor or dates of service)	MEMORIAL HOSPITAL MEMORIAL	AVENUE
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUST TO  Conditions, if any, which gave rise to immediate couse (a), sloting the under- lying couse lost.  CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]  DUE TO  DUE TO  DUE TO  (c)		NTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PAIR II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING 1206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	PERFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Manth, Day. Year 20d. INJURY OCCURRED 20e. Pt. Hour a. m. 19 While Not while at work at work at work 1	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.) (Caun	ty) (State
	21. I certify that I attended the deceased from JULY !! alive an	n occurred at 11:15PM, fram the causes and on the and ADDRESS (Street, city or town, state)	
1	PHYSICIAN'S DR. F. B. WHITWORTH		



After this

registrar within 72 hours after death. by the funeral director, the third cop

the .=

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M~

The bottom copy may be retained by the hospital or attending physician.

ATTENDING PHYSICIAN

rapy of

# OR HOSPITAL: The law requires that the death certificate by executed within 24 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07470

7507 CER	HIFICALI	Reg. Dist. No							
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED							
county Aldegany		STATE Maryland COUNTY Allegany							
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (if outside corporate limits, write RURAL and give neerest lown)							
OR and give nearest town) TOWN MC. Savage	"Life"	TOWN Mt. Savage							
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET (If rurel give location) ADDRESS							
3. NAME OF (First) DECEASED (Type or Print) Margaret	(Middle) Golds	(Lest) 4. DATE (Month) (Dey) (Yes	r)						
5. SEX 6. COLOR OR 7. SINGLE, MARR RACE WIDOWED, DI	IED, B. DATE C	OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER							
Female White SpecifyWic		t.23.1901 56 yrs. Months Deys Hours	Min						
10e. USUAL OCCUPATION (Give kind of work 10b. Kill	ND OF BUSINESS	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WH.	AT						
refired) Housewife H	lousework	Mt. Savage, Maryland USA							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
Theophilus Lewis		Ida Geary							
	S. SOCIAL SECURITY NO	17. INFORMANT & ADDRESS							
(Yes, NO unk.) (If Yes, give wer or detes of service)	None	Miss Lola Lewis, Mt. Savare.	MA						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST. DUE TO	see see ( C. for i	incincion of Brank T	EATH						
(C)									
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	- 17	ienou kin. Kin.							
190. DATE OF OPERATION 196. MAJOR FINDINGS		Ceft - Cleary - necesses, YES NO							
216. ACCIDENT WAS UNDERLYING   216. PLACE (HOM OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	e, farm, fastory, coffice bldg., elc.)	2.Je. WHERE DID INJURY OCCUR? (City or town) (County) (State	}						
21d TIME OF INJURY (Month) (Day) (Year) (Hour) 21e Whi		21. HOW DID INJURY OCCUR?							
		, 19, to	cease						
alive on	that death occurred at  M.D.  NAME OF CEMETERY OR	ADDRESS (Street, city, town, state)  ADDRESS (Street, city, town, state)  CREMATORY  LOCATION (City, town, of county)	GNE						
	958 Methodi	st Cemetery Mt. Savage, Md.							
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1	25. ELNERAL DIRECTOR'S SIGNATURE ADDRESS							
DATE JUL 2 1 '58 RES	,	Narvey N. Leig Hyndman, Pa							



deoth' Page

24.7

# FOR STATE

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If of delay is necessary please execute the certificate, writing the part part pending in pending in them 18. Give Pages 1, 2, and 3.1. It toneral director. Page 4 should be forwarded to the City Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

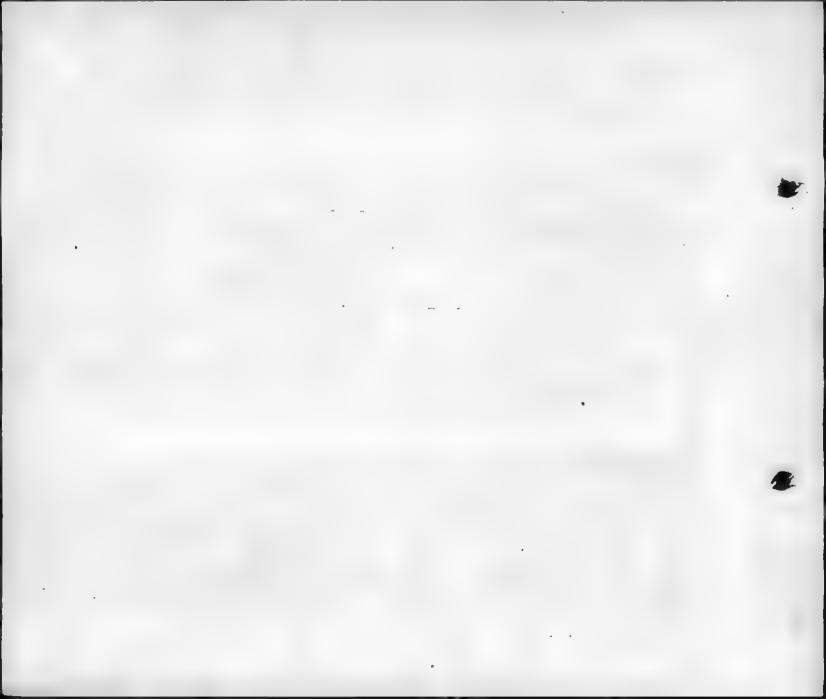
THE FUNERAL DIRECTOR. Rage 3 should be used as a burial-transit permit. File gages 1 and 8 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, one or any event within 72 hours after death.

VE. A15HIII 5M 2757

d

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07605 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

L					Reg. Dist. No.
1.	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased live	ed. If institution: Residence before admission)
'	. COUNTY	Allegany	MARYLAND	° STATEMaryland	6 COUNTY Allegany
ŀ	LITY OF TOWN (I	outside corporale kimits, we to RURAL	c. LENGTH OF STAY IN 16	Total Section 1985	limits, write RLRAL and give nearest town)
	and give regrest town	hart	life	× Eckhart	
-		AL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	Te IS RECIDEN E
_					YES NO
	NAME OF DECEASED	First	Middle	tosi 4 DATE	Month Day Year
	(Type or print)	JOHN	PENGILLY	GRACIE DEATH	July 5, 19 58
5. 5	EX	6. COLOR OR RACE 7 MA	RRIED NEVER MARRIED 3.	DATE OF BIRTH 9. AC	SE (In years   IF UNDER TYEAR IF UNDER 24 HRS
	male	White   wipo	WED 🗇 DIVORCED 🗍 (	5-21-1887	71. yrs. Months Days Hours Min.
10a	LSUAL OCCUPATION	ON (Give kind of work done 10 life, even if ratired)	L. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
			C-S Tire Co.	Maryland	U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
	John	Gracie		Elizabeth Peng	illy
	WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Address
Line	, na, ar uninewn)	(If yes, give war as defeat of service)	217-10-6637A	Mrs. Jas Booth, R	t. 3. Frostburg. Md
-	18. CAUSE OF DEA	TH Enter only one cause per	total total and the same of the		INTERVAL BETWEEN
		TH WAS CAUSED BY	F M		CINSCI AND DEAT
	<i>t</i> -	IMMEDIATE CAUSE (a)	Torystay Strans		· was a second
	A - 100	DUE TO			
	Canditions, if a	diate couse	244COSIS		
	(e), stating the	underlying DUE TO			
7	couse lost.	/ (c)	CONTRIBUTION OF TO DEATH BUT AL	OT BELLTED TO THE TERMIN AS BUCKER COL	IOTAL COLUMN
CATION	PART II, OTF	TER SIGNIFICANT CONDITION	SCONING TO DEATH BUT N	OF KEEP EO TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED?  YES 1 NO 1
CERTIFI	200. EXTERNAL CAL PRIMARY ☐ or COI CAUSE OF DEATH.	USE WAS NTRIBUTING [] 206 DESC	RIBE HOW INJURY OCCURRED (E	nter nature of injury in Part I or Part II of iter	m 18)
	20c. TIME OF INJU		SH. INJURY OCCURRED 120e. PLAC	E OF INJURY [Home, farm, 120f. (City or to	wn) (County) (State)
MEDICAL	Haur o.m.	· · · · · · · · · · · · · · · · · · ·	/hile Nat while facto	ry, street, office bldg., etc.)	(State)
Z	p. m.		l wark al work		
				re, held an Autopsy 🔀 , Inspec	ction 🔄, Inquiry 🔀, and in my
	opinion death	resulted fram; Nature	al causes 🔀, Accident [	], Suicide [], Hamicide [],	Undetermined manner
		- //-	- 1 1		DATE SIGNED
	SIGNATURE	1- Ikilar	elic	_M D. CHIEF MEDICAL EXAMINER	O .
	EXAMINER'S NAME (Type)	13. SKITARE	110 115	ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER	July 6, 1958
220		DIN. 276. DATE THEREOF	27c. NAME OF CEMETERY OR	CREMATORY T228, LOCATION I	Cy, town, of county) (Stote)
P	REMOVAL (Specify)	7-8-1958	Eckhart Ce		
1	FUNERAL DIRECTOR		ADDRESS	metery   Eckh	246 REGISTRAR'S SIGNATURE
		urst, Frostbi	urg. Md.	0 150	I Constant
		, , , ,	37	DATE JUI 13 130	Con educh



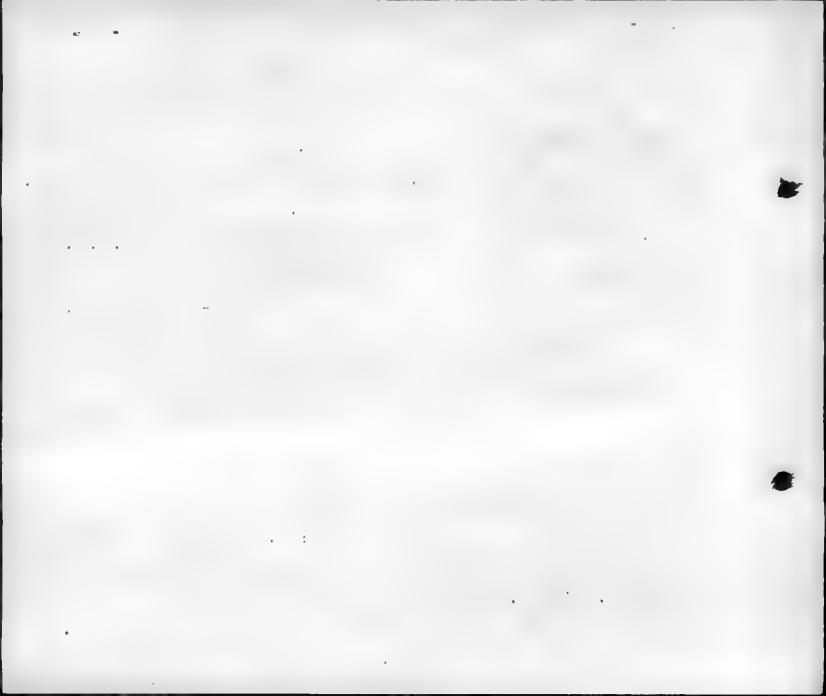
TO HOSHITHE OR PITCHTING BHYSHITM: The low requires that the death certificate be executed with 14 hours after death. Pagent
may be retained by the haspital or anding physician.  TO FUNERAL DIRECTOR: After this devicate has been signed by the attending physician and campletes and in by the funeral director.
page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death:

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7472 CERTIFICATE OF DEATH

47472

1. PLACE OF DEATH D. COUNTY A	LLEGANY		MAR	rland 2.	o STATE .	ARYLA		d lived If institution b. COUN		ALLE		
b CITY OR TOWN RURAL and give	(*f outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	outside corpo	prote limits, writ	e RURAI	Land give ne	porest tow	vn)
	BERLAND		2 DAYS		( L	ONAC	ONTING					
d NAME OF HOSP OR INSTITUTION WARWIC		OSPI AVE	TAL' NUES		d STREET A		BOX	6			ON	SIDENCE A FARM?
3 NAME OF	Fire	7	Middle	)	Losi		4. DATE		Aonth	D	lov	Year
(Type or print)	WILL	AM	J.		GREE	N	OF DEATH	J	ULY		6	19 58
5. SEX	6. COLOR OR RACE	7 MARR	HED NEVER MARRI	ED   8 C	ATE OF BIRTH			9. AGE (In year		INDER 1 YEAR	R IF UNE	
MALE	WHITE	WIDOWI	DIVORCE	0 🔲	MARCH	25,		73 birthdo	/} Mo	inths Days	Hours	Min
100. USUAL OCCUPAT	ON (Give kind of work d	one 10b	KIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPL	CE (State	or fareign c	ountry)	1	12. CITIZEN (	OF WHA	T COUNTRY
ouring most of wo	rking life, even if retired)	R	ET IRED-MIN	ER	MAR	YLANE	)			U.	S. A	
13. FATHER'S NAME				1	4 MOTHER'S	MAIDEN N	NAME	···				
AMOS G	REEN				REBEC	CA PO	LAND					
15 WAS DECEASED EV	ER IN U.S. ARMED FOR	ES? 16	SOCIAL SECURITY NO	17 INFO				A	ddress			
12 de 100 de designer	(i) yes. give was or out as or se		5-10-442	0 1	MEMORIA	L HOS	PITAL	- C	UMBE	RLAND	, MD	
1B. CAUSE OF DE	ATH [Enter only one co	se per lic	ne for (a), (b), and (c)	]	7-1	-						ETWEEN
PART I, DE	ATH WAS CAUSED BY: , IMMEDIATE CAUSE (o)		Cenele	ral	Nec	ros	-RA	AF.		ON	SELAND	D DEATH
	DUE TO		1					/				-
Canditions, if	any, which ) (b)	E	teler	e De	clara	tite !	mas	Aula	Ld	11		,
gave rise to couse (a), stating	immediate ( DIE TO								17-1			
lying couse lost												
CATI	THER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITION (	GIVEN II	N PART 1(o)	PERF	AUTOPSY ORMED?
THE EITHER, NOTIF	AS UNDERLYING DEATH G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DE\$(	CRIBE HOW INJURY O	CCURRED. (E	inler nature of	injury in I	Part I or Par	t II of item 18.)				
20c. TIME OF INJU			NJURY OCCURRED	20e. PLACE	OF INJURY (I	ome, form	20f (Cih	or lawn)		(County)	)	(State)
Haur o. m.	19	While of work	k at work	I IOCIONY	, sirces, Office	biog., etc.	'					
21. I certify t	hat I attended the	deceasi	ed from 7	- if	-1058	to C	7-6-	195	29 1L	-t I It -	and the	desense
alive on	7-6-	10		death ac	curred at			n the cause:				
	Doll.	7	and man	00011 00	corred di			treet, city or to			ine sign	ATE SIGNE
ACTUAL SIGNATURE	1/m.0		Mille	NZN'O	a S	un	cher	earl	M	{	7-3	13
PHYSICIAN'S NAME (Type)	DR. RICHARD	J. W	ILLIAMS		2 will fill who had nice app him we						,	
22a, BURIAL CREMATION REMOVAL Specify	ON, 226. DATE THEREON	-	22c. NAME OF CEM					TION (City, Yow			(Sto	re)
Burial	7/9/195	8	GREENS	CEME!	IFRY		(Nea	r) LON	ACO	NING,	MD	•
23. FUNERAL DIRECTO		TOTAL	ADDRESS	340			BY REGIST			R'S SIGNATU		
CRORGE T	RICHHORN	LON	ACON ING.	MD.		DATE AND	11.11"	58   199	June 1	sauch		



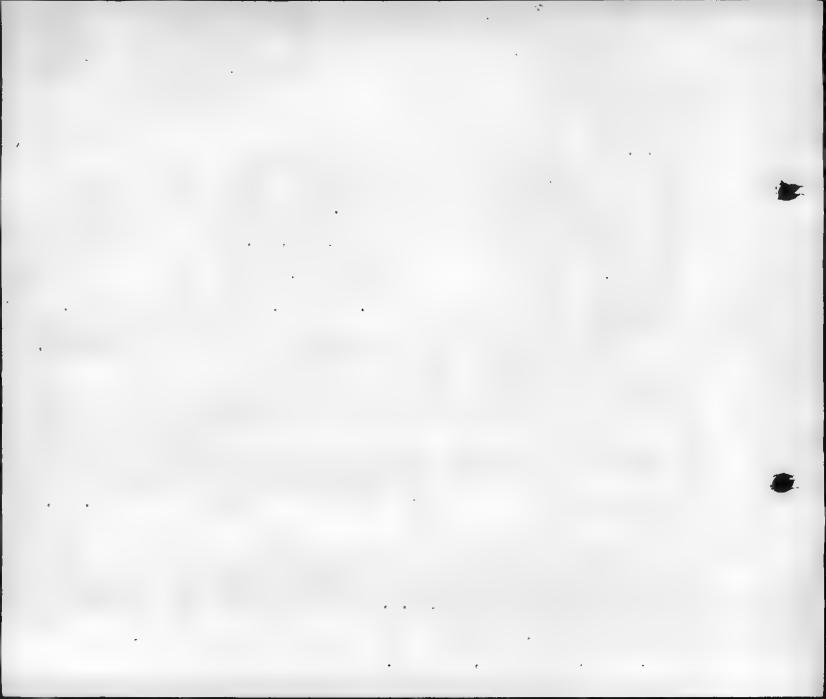
VS A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7503 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07473

Rea Dist. No.

										-	
		LACE OF DEATH	Allegany		MARY	- 11	o STATEPenns				
	b	and give nearest fown)	utside corporate ( mils, will te	RUPAL	c. LENGTH OF STAY	IN 16	Rainsbur			IRAL and give n	edfest fown)
1			<u>intatone</u>		<u> </u>			B; ( ala			7
,	d.	NAME OF HOSPITA	L OR INSTITUTION (I	f not in hosp	nta), give street address	5)	d STREET ADDRESS				e IS RETIDEN LE
			emorial 1			- 1	and the same of th	<del>-</del>			AEZ   NO
	D	NAME OF DECEASED	Fire	al .	Middle		Lost	4 DATE	Month	Doy	Yeor
	(1	Type or print)	_ Durrah	W		_ = = = = = = = = = = = = = = = = = = =	ffin	DEATH	July	5 .	1958
	5. \$8	EX	6. COLOR OR RACE	7 MARRIEI	D 🔼 NEVER MARRIED			ka	GE (In years   FF		IF UNDER 24 HRS
	-	Male	White	WIDOWED			ept. 24, 1		yrs.	lonths Days	Hours Min.
	10a.	USUAL OCCUPATION	N (Give kind of work of the even if retired)				11 BIRTHPLACE (Stote	e or foreign countr	y)		F WHAT COUNTRY?
		riog most of working	me, even n veneen	Gen	eral Farm:	ing	Dunbar,	Pa.		US	A
	13.	FATHER'S NAME			and the second s	Ti	4. MOTHER'S MAIDEN	NAME		1	
		Andrew H.	Griffin				Nancy G.	Ressler			
	15.	WAS DECEASED EVE	IN U. S. ARMED FO	RCES7 16 S	OCIAL SECURITY NO.	17. INF	ORMANT	Laboration and the	Address		
	£793,	No. or unknown)	If yes, give war or detes of	service]	None	Mrs	. Durrah W	. Griffi	n, Rain	sburg,	Pa.
/	T	18 CAUSE OF DEATI	Enter only one cou	se per line fi	or (a), (b), and (c). ]		Acceptance of the second of th			ENTER	VALBETVEEN
		PART I. DEATH	WAS CAUSED BY	Tan day		_ T TT	a w a mm la a m a				O Min.
		83.2X	DUE TO	Intr	SSOCOUTIN	RT H	emorrhage				O MILLS
1		Conditions, if on		Rur	tured Li	ver					
		gove rise to immedi	ote couse	2001				-			
		(o), stoting the vi	derlying fel								
	2		7-3		NTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TERA	AINAL DISEASE CO	NDITION GIVEN	IN FART 1(0)	9. WAS AUTOPSY
	CERTIFICATION			-		-					MATORMED?
	띪	200. EXTERNAL CAUS	E WAS 20	b DESCRIBE	HOW INJURY OCCUR	RED (Ent	n nature of injury in Fa	et Lor Part II of its	em 18 1		TO TO T
		PRIMARY TO OF CON	TRIBUTING [2]		rturned i						
		20c. TIME OF INJURY	Month, Day, Yea	or 20d It	NURY OCCURRED 20	De PLACE	OF INJURY (Home, for	m, 20f. (City or h	own)	(County)	(State) -
F	MEDI	11:20 7	/5/58 19	White of wor	k at work	Str	, street, office bidg., et eet	"  Flint	stone	Alleg	. Md.
		21. I certify the	at I took charge	of the re	emains described	above	, held an Autop	sy 🔊, Inspe	ction X.	Inquiry K	, and in my
		opinion death r	esulted fram- 1	Vatu <mark>cal</mark> ci	auses 🔲, 🛮 Accid	dent 📆	, Suicide ,	Hamicide [	, Undeterm	ined manne	er 🔲
			- 1	Vn'							
		SIGNATURE (2)	enedict:	Skit	arelie		M.D. CHIEF MEDICAL	XAMINER [			DATE SIGNED
					-			CAL EXAMINER			
d		EXAMINER'S NAME (Type) R	anedict S	kitar	celic, M.	D.	DEPUTY MEDICAL	EXAMINER X	July	5, 195	38
	220.	BURIAL CREMATION	I, 276. DATE THEREC		22c NAME OF CEMETE		REMATORY	22d LOCATION	(City, town, or e	county)	(Stote)
	F	REMOVAL (Specify)	July 8	1958	Woods Me	thod	ist Cemete				
	ALIENS.	FUNERAL DIRECTOR'S			ADDRESS	24100		D BY REGISTRAR		AR'S SIGNATU	E
	Jo	ohn J. Hat	fer, Cumbo	erland	l, Maryland	d.	DATE	1111 8 '58	(985)	esuch	
	-						L PAIR	) O L			



# **NSTRUCTIONS**

The bottom copy may be retained by the hospital or attending physician.

HOSPITAL

ATTENDING PHYSICIAN OF

A15C 1-55 10M -

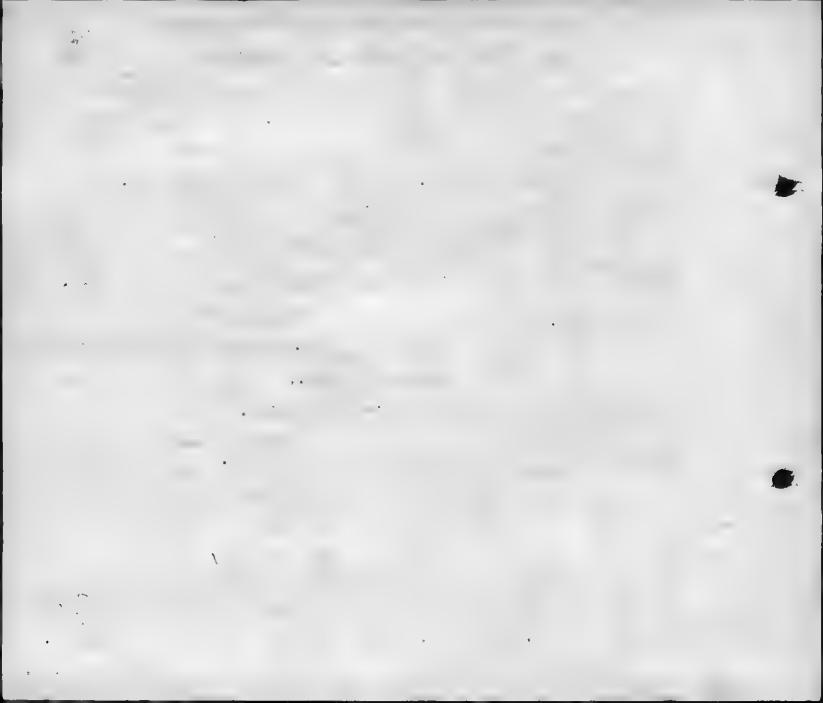
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

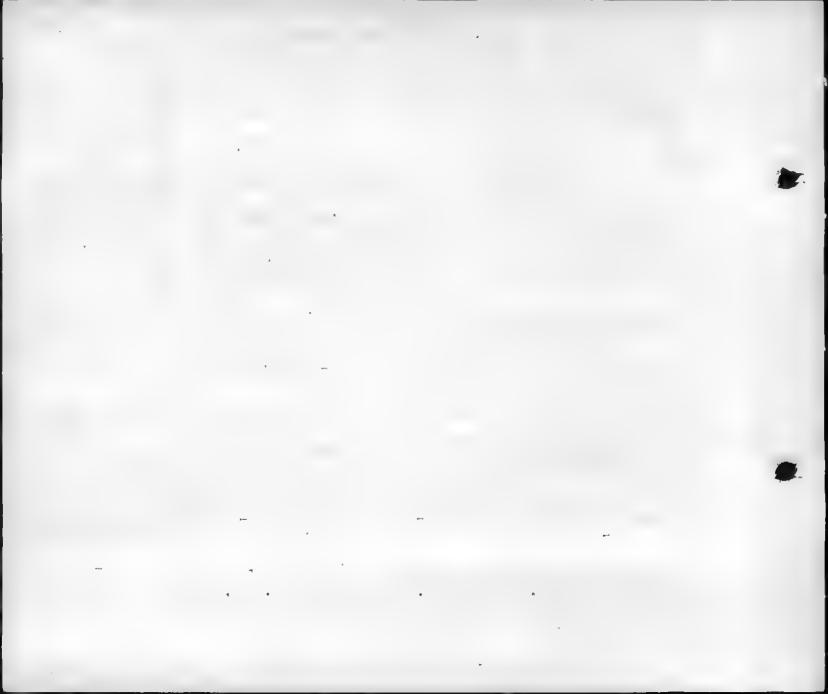
# 7495 CERTIFICATE OF DEATH

02474

			Reg. Dist.	No	
1, PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEASED		
COUNTY Allegany CITY (If outside corporate limits, write RURAL OR and give necess town) TOWN	MARYLAND LENGTH OF STAY (In this place)	STATE Md. CITY (If outside core OR 1/2 TOWN	COUNTY All e	est lown)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 420 Marylane	d A++=	STREET ADDRESS	Sternport (If zural give location)		
3. NAME OF Print Joseph	(Middle)	(Lest)	Maryland Ave.	(Dey) (Yaer) 31,1958	
5. SEX 6. COLOR OR 7. SINGLE, MARI MALO White (SpecMar)	RIED, 8. DATE		9. AGE lest birthday IF UNDER  74 yrs. Months		
done during Most With Mily Wife, even if reliable to own	nd of Business in Industry n business	11. BIRTHPLACE (State or for West Virg	inia	CITIZEN OF WHAT COUNTRY?	
John Hannon  15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	Rose An	n Butler		
(Yas, no, or unk.) (If Yes, give war or dates of service)	none	Mrs. Fra	nces Hannon Wes	sternport.Me	
E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
	Cirrhosis of	Liver.,		8mo	
ANTECEDENT CAUSE(5)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	Conic Passiv	e Congestion	n•		
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ilateral Lob	ular Pneumon	riosclarosis nia•	Jo dys	
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20 AUTOPSY? YES NO	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hor OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	ma, farm, factory, offica bldg., etc.)	21c. WHERE DID INJURY OCC	UR? (Cily or town) (Count	(Stata)	
W W	e. INJURY OCCURRED hila do while work at work	21f. HOW DID INJURY OCC	UR ?		
22. I hereby certify that I attended the dece alive on 195 and	1/ 2 =	at Iff M, from the	7	DATE SIGNED	
Burial Aug.4/58	St. Peter	rs Cemetery	Westernport-A		
DATE 1"3 1 58 CHARLES SIGNATUR	3	25. FUNERAL DIRECTOR'	11 1. (   ~ /	ont, W.Va.	



HOSPITAL



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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

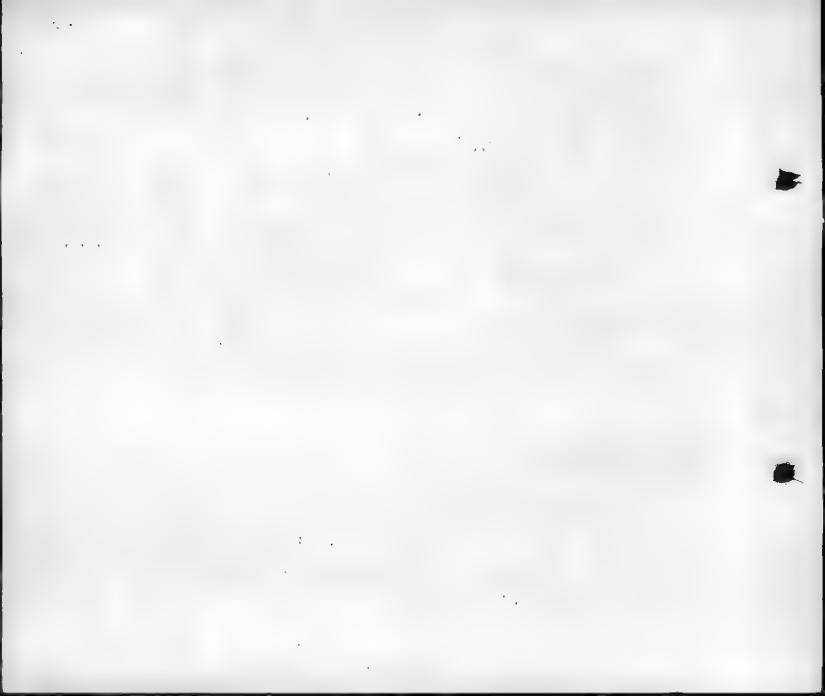
#7476

### 7474 CERTIFICATE OF DEATH

	40	FIR CEVILLE	AIL OI DLAII		Reg	Dist. No.				
DEACE OF DEATH	LLEGANY	MARYLAND	2. USUAL RESIDENCE (W o STATE MARYL	b.	COUNTY .	LLEGANY	m ision)			
CUMBER	If outside corporate limits, write earest town) _AND	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF		ts, write RURAL	and give nearest	lown)			
d. NAME OF HOSPIT OR INSTITUTION MEMORIAL	MEMORIAL HOSP	PTAL,	d STREET ADDRESS	THOU		0	RESIDENCE N A FARM?			
3. NAME OF DECEASED {Type or print}	First OLIVE	Middle F	HICKMAN	4. DATE OF DEATH	Month	8	Year 19 58			
s. sex MALE	6. COLOR OR RACE 7. MAI		B DATE OF BIRTH JULY 20	9 AGE lost	mirthdoy Mon	DER TYEAR IF U				
Oa. USUAL OCCUPATION during most of work	ON (Give kind of work done 10bking life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (Stole MARYLAN	_	12	CITIZEN OF W				
3. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME						
١	VILLIAM HICKMAN		NAOMI PUG	H						
(Yes, no for unknown)	R IN U. S. ARMED FORCES? [17 yes, give wor or dates of service]	22643-197	ME ALCIA	Auch:	Address	MILETERYA	BETWEEN			
Conditions, if o gove rise to i couse (o), stoling lying couse lost.	mmediate DUE TO	· Litreft	Jet eta	and the of		3.	e park,			
CATI	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO									
	CAUSE OF DEATH MEDICAL EXAMINER	SCRIBE HOW INJURY OCCURR	EU (Enter nature at injury in	Part I or Part II of its	em 18.j	r				
20c. TIME OF INJUR Hour o. m. p. m.	While		LACE OF INJURY (Home, form octory, street, office bldg., etc.	n, 20f (City or town	-	(County)	(Slate)			
21. I certify that I attended the deceased fram 5/5/5/19, 19, 1a, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19										
PHYSICIAN'S NAME (Type) 220/BUR AL, CREMATIO	RICHARD J. W	ILLIAMS 22L NAME OF CEMETERY	OR CREMATORY	12140CATION/C						
REMOVAL (Specify)	1xx 111,1457	1 Weth du	the reing	220 TOCATION IC	" Y'y	17 5	Stole}			
73. FUNERAL DIRECTOR	3 SIGNATURES.	ADDRESS!	DATE 1	JUL 1 4 58	246 REGISTRAR	SSIGNATURE				

may be retained by the haspital at a fairing physician.

TO FUNERAL DIRECTOR: After this certained has been signed by the ottending physician and completely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pag the registror prior to burial, crematian, or remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within VS A15 (4) 15M 10/57



directar

c

O FUNERAL

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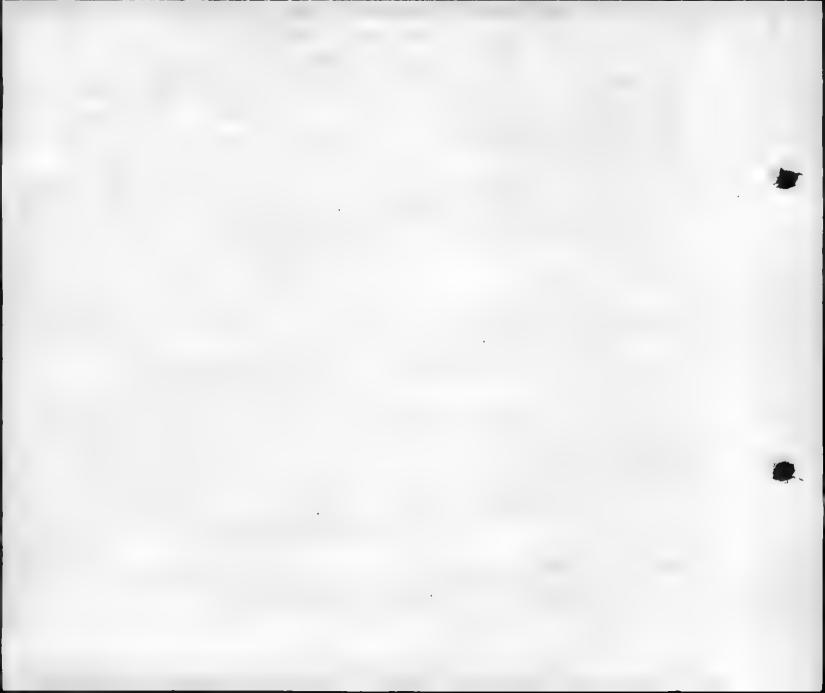
VS A15 (4)

15M 10/57

Pop eath

5. SEX

Filed





e 15 RESIDENCE ON A FARM? YES NO

llegany

2. USUAL RESIDENCE (Where deceased tived. If institution Residence before admiss on) a. STATE

c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)

Maryland

Ellerslie

d. STREET ADDRESS

b. COUNTY

MARYLAND

E. LENGTH OF STAY IN 16 Yrs.

447-441-

1. PLACE OF DEATH

Allegany

b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

Cine

Ellerslie

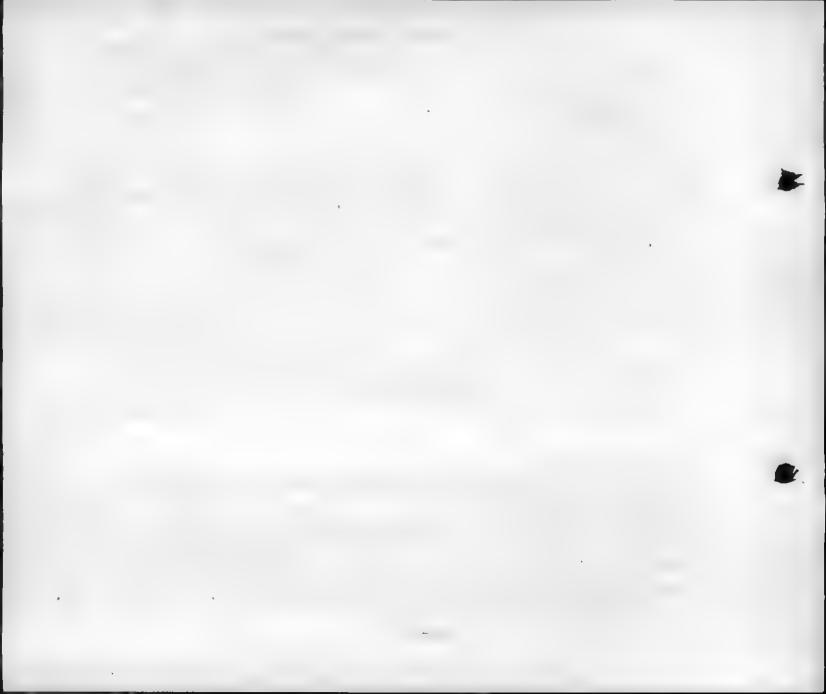
a. COUNTY

3. NAME OF

the funeral director, should be filed with

ATTENDING PHYSICIAN: The low requires that the death by the haspital or ding physician.

	DECEASED (Type or print)	Jeron	ne	P.	Humbertson	OF DEATH	Jul		27th,	19 58
	Male	6 COLOR OR RACE White	MARRIED 1	NEVER MARRIED	Feb.14th,	1879	9 AGE (In years last birthday)	-	YEAR IF UND	ER 24 HRS
	USUAL OCCUPATION		dane 10b. KIND OI	F BUSINESS OR IND	USTRY 11 BIRTHPLACE (Sto			12. CITI	ZEN OF WHA	COUNTRY?
13.	RetB1	acksmith	Blac	ksmith_	Maryla 14 MOTHER'S MAIDEN	nd			USA	
15.	George WAS DECEASED EVE No. of unknown)  IB. CAUSE OF DEA	mmediate (	CES? 16. SOCIAL NO:	ne I	Mary Et- INFORMANT Ervin Humbe	ta Bai	Add	rt, M	d. INTERVAL B ONSET AND	
MEDICAL CERTIFICATION	20g ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY 20g. TIME OF INJUS		20b. DESCRIBE HO	OW INJURY OCCURI	OT NOT RELATED TO THE TER	Part 1 or Po	rt II of item 18.)		PERFO	AUTOPSY DRMED? NO (Stote)
MED	21. I certify the		deceased from	m. June 1	th accurred at 9 000	M, fra		ind an the	e date stat	ed abave.
	ACTUAL SIGNATURE	willian	10 Jan		_M.D	·	itreel, city ar town,			ATE SIGNED
	PHYSICIAN'S NAME (Type) W	illiam P.	Iames,	M.D.,	441 N. Ce	ntre	St.,Cum	berla	nd, Mo	d.
	BURIAL CREMATIC PEMOVAL (Specify) BUTIAL FUNERAL DIRECTOR	17-30-30	P	orter C	emetery		TION (City, town, o		(Sto	•



#### FOR STATE HEALTH DEPT.

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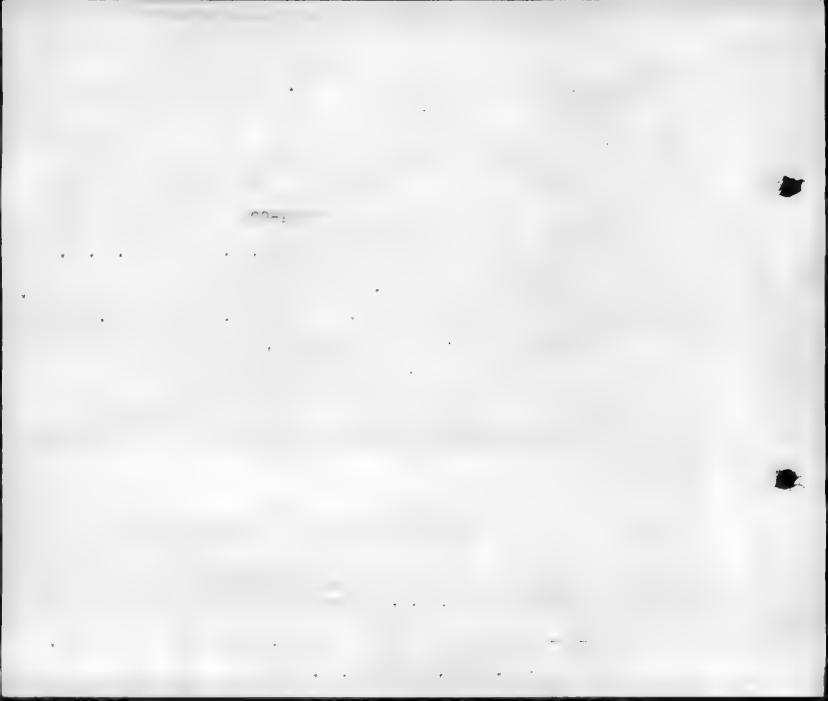
delay is necessary, please funeral director. Page to retained for your files, the State Board of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an delay is execute the certificate, writing the first of pending" in pendi in Stem, 18. Give Pages 1, 2, and 3 to find a should be farwarded to the Chi. Medical Examiner's Office elang with form PM3. Page 5 moy be retained. FUNERAL INTERIOR: Bage 3 shauld be esed as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, ar remard, and in any event within 72 bours after death.

VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7496 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

117480

					Reg. Dist. No				
1. PLACE OF DEATH			2. USUAL RESIDENCE (V	Vhere deceased lived. If instituti	ion: Residence before admission)				
o. COUNTY	A CLOSE	MARYLAND	o STATE	b. COUNTY					
b. CITY OR TOWN III	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	C CITY OF TOWN (IF	outside corporate limits, write R	Allegany				
and give negrest fawn	)		3-		SALE ONG GIVE HOUSE IS ON				
	Frostburg	Lifetime	Hospita	st lin Thur					
	AL OR INSTITUTION (If not in	nospital, give street oddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?				
Miner	's Hospital		III Pa	rk Avenue	YES NO				
3. NAME OF DECEASED	First	Middle	tosi	4. DATE Month	Day Year				
(Type or print)	Eleanor		Jackson	DEATH July	10 19 58				
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED . B.	DATE OF BIRTH	ford front and a first	IF UNDER TYEAR IF UNDER 24 HRS				
Female	Colored WIDO	WED DIVORCED	April 29 18		Months Days Hours Min.				
100. USUAL OCCUPATIO	ON (Give kind of work done 10)	KIND OF BUSINESS OR INDUST		or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
during most of workin	g lite, even it retired)								
13. FATHER'S NAME	ework	Own Home	14 MOTHER'S MAIDEN N		U. S. A.				
TOT PATTICK S HAMIL			14 MOTHER S MAIDEN P	IWW.C					
	Unknown		Frances	Rollins					
	ER IN U. S. ARMED FORCES? [16 yes, give wor or dates of service]	16 SOCIAL SECURITY NO 17 IP	FORMANT	Address	Md.				
No	None		rs. Rosa Ke	J.Jev. TOO Par	k-Ave.Frostbug				
18 CAUSE OF DEAT	TH [Enter only one cours per le	ne for (o), (b), and (c). ]			INTERVAL BEHWEEN ONSET AND DEATH				
PART 1. DEAT	TH WAS CAUSED BY: CO	ronary Osteal	Sclerosis	. right	==				
4-20.0	DUE TO			7	-				
Conditions, if or	A+	herosclerotic	heart dis	0880					
gove rise to immed	diote couse		110010 00010	- 4.00					
	(a), stoling the underlying DUE TO								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(9) 19. WAS AUTOPSY								
g _ FARI II, OIN					PERFORMED?				
3 Died wh		esthetic for			YES NO				
PART H, OTH Died wh 200. EXTERNAL CAU PRIMARY NOT CON CAUSE OF DEATH.	JSE WAS 206 DESCRIPTING []	RIBE HOW INJURY OCCURRED (E	nter noture of injury in Port	t Car Port II of item 18.)					
	195	4X							
20c. TIME OF INJUIT		d. INJURY OCCURRED   20e PLAC	E OF INJURY (Home, form	20f (City or town)	(County) (State)				
Heur o.m.	19 of	hile Not while Facto	ory, street, office bldg., etc.	1					
		e remains described abo	ve held on Autono	v (V) Inconstitut (V)	In maior Mills and in				
		SEST							
opinion death	resulted from: Natura	Couses 14. Accident	, Suicide [, F	Tomicide [], Undefer	mined monner				
ACTUAL A	? / 1	X1 + 11			DATE SIGNED				
SIGNATURE	inedict x	Ketarelia	_ M.D CHIEF MEDICAL EX	AMINER					
EYAMINED'S -			ASSISTANT MEDICA	AL EXAMINER					
NAME (Type) BO	nedict Skita	relic, M.D.	DEPUTY MEDICAL I	EXAMINER D July	10, 1958				
220 BURIAL CREMATIO REMOVAL (Spenify)	N, 226 DATE THEREOF	22c, NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or	county) (Stole)				
	7-I4-I958	Frostburg M	emorial Pk.	Frostburg	Kd				
23 FUNERAL DIRECTOR	S SIGNATURE Hafer	Funeral Home	240 REC'I	L 1 6 '58 THE REGISTRAN	RAR'S SIGNATURE				
. H. Mot	Timaly 23 E.	Main Frostbu	mg Md DATE	The state of the s	- LOULON				
			The second residence of the se	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN C					





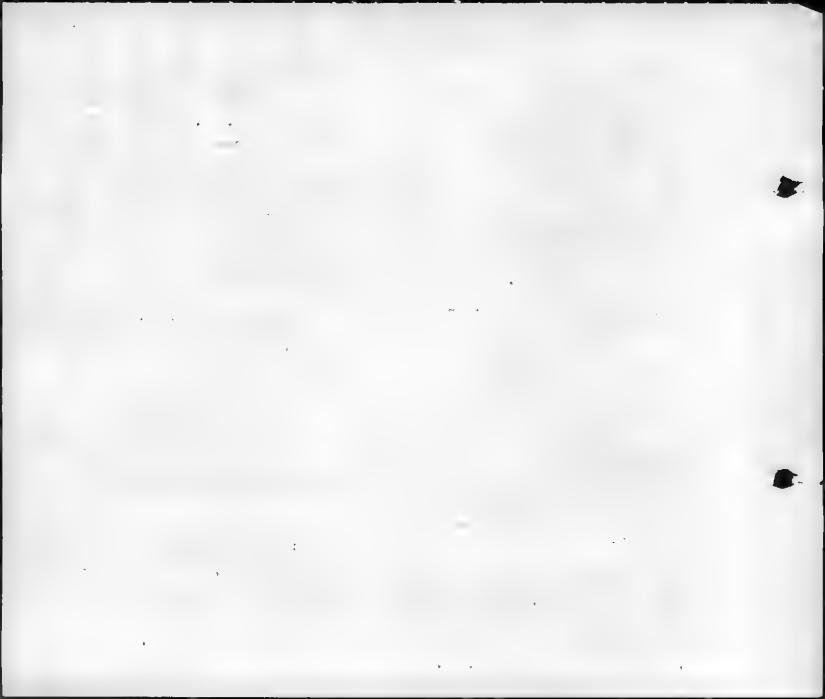
V\$ A15 (4) 15M 10/57

117482

TATE CERTIFICATE OF DEATH

Reg.	Disa	Ma
44.01	DIST.	ITO.

		4.340			Reg. Dist. No.
1. PLACE OF DEATH o COUNTY			L o STATE	ere deceased lived. If institution	n Residence before admission)
	LEGANY	MARYLAND		INGINIA	MINERAL
b CITY OR TOWN ( RURAL and give n	f autside corporate limits, w earest tawn)	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	outside corporate limits, write RL	IRAL and give nearest town)
	AND, MARYLAN		RIDGEL	EY. W. VA.	7 T X 3
OR INSTITUTION	MORIAL HOSPIF	street oddress)	d STREET ADDRESS	VED STORET	e. IS RESIDENCE ON A FARM?
	MUNIAL HUSPIF	IAL	53 BLOC	KER STREET	YES NO [7]
3. NAME OF DECEASED (Type or print)	THOMAS	Middle Hiram	JONES	4. DATE Mont OF DEATH JULY 2	
5. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years last birthdoy)	IF UNDER TYEAR IF UNDER 24 HRS
MALE		DOWED DIVORCED	JUNE 22 188	A. 74 Yrs	Months Days Hours Min
10a USUAL OCCUPATE during most of wor	ON (Give kind of work done king life, even if retired)	106 KIND OF BUSINESS OR INDUS			12 CITIZEN OF WHAT COUNTRY
Gas Station		Service Station	MAR	YLAND	USA
13, FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME	
THOMA	S H JONES SR.	•	MARY L	ITZENBURG	
15 WAS DECEASED EVE (Yes. no. or unknown)	R IN U.S. ARMED FORCES? (If yes, give war or dates of service		IFORMANT	Addre	235
No.		219-03-9939 M	EMORIAL HOSPI	TAL CLIMBERLA	ND MARYLAND
	-	per line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DE/	ATH WAS CAUSED BY, IMMEDIATE CAUSE (6)	Cerebral vascu	lar accider	nt	3 days
4001	DUE TO				-
Conditions, if a		Coronary Heart	Disease		5 years
gove rise to i		_			
lying couse lost.	(c)				
PART II OT	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVE	N IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
3					YES NO
C (IF EITHER, NOTIFY	AS UNDERLYING [] 20b G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	Enter noture of injury in P	ort t or Port II of item 18.)	
20c. TIME OF INJUING Hour o, m.	,		CE OF INJURY (Home, form, lory, street, office bldg., etc.	20f. (City or town)	(County) (State)
Hour o, m,		While Not while rac	ory, sneer, ornice mag., etc.		
21. I certify th	at I attended the de	ceased fram 10 - 2	25 , 19 5410	7-27 19 5	that I last saw the decease
alive on 7-	27	LY			nd on the date stated above
	0	0	4 - 10 i - 10 i - 50	ADDRESS (Street, city or town, s	tote) DATE SIGNE
ACTUAL SIGNATURE	Caera lu la	Tallin .	62 Gree	ene St.	7-27-58
PHYSICIAN'S	Ralph W. E	Ballin M.D.	Cumber	land. Md.	
NAME (Type)					
REMOVAL (Specify)	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d LOCATION (City, town, or	county) (State)
		Sunset Memori:		Cumberland,	d.
23. FUNERAL DIRECTOR	s signature leorge Cumber	ADDRESS rland, Md.		L 2 9 '58 2 REGIST	AAR S SIGNATURE
114 HS 115 C	corge -mitte	Literature Little	DATE JU	12000	- XOVAX'Y





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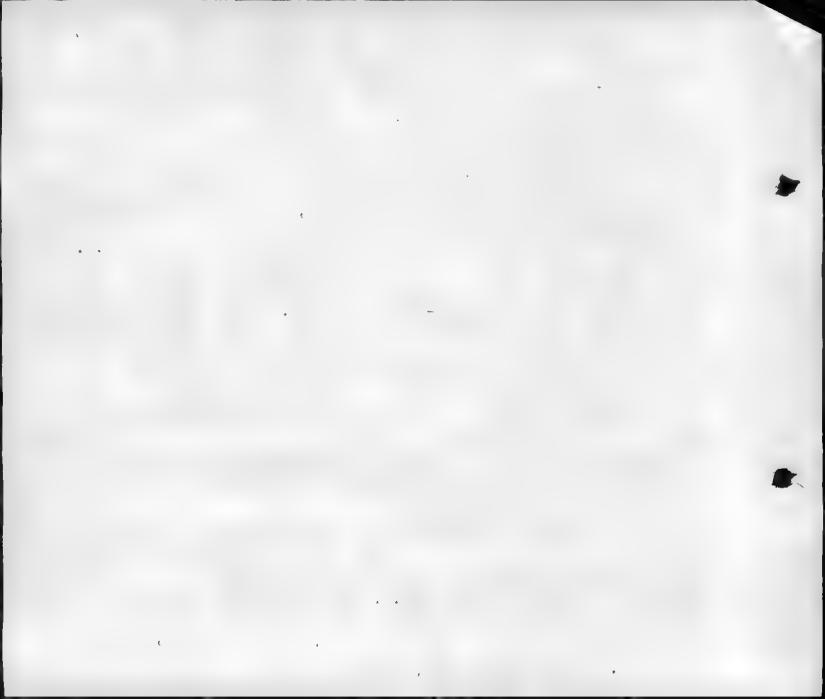
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7477

07484

6244	Reg. Dist. No.
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
Allegany MAR	YLAND O. STATE Markland 6 COUNTY Allegany
b. CITY OR TOWN, it outside corporate firm to, write BURAL C. LENGTH OF STAN	
Cumberland 85 yrs	Cumberland
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street additional and in hospital).	ns) d STREET ADDRESS e IS RES DENIE
206 Park Street	206 Park Street
3. NAME OF First Middle	Losi 4. DATE Month Day Year
(Type or print) George Washington	Keller OF
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	ED ET B. DATE OF BIRTH 9. AGE (In years 1 FUNDER 1 YEAR) IF UNDER 24 HES
Male White WIDOWED DIVORCED	Months Days Hours Min.
100. USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OF	
Retired Tevern Owner	
13. FATHER'S NAME	Maryland U.S.
Charles Keller  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO	Mary Beall Address
(Yes, no, or unknown) [If yes, give war or dates of service)	
No 214-05-812	The state of the s
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c) ] PART I. DEATH WAS CAUSED BY:	INTERVAL SETWEET, ONSET AND DEATH
IMMEDIATE CAUSE (o)	y Occlusion Sudden
420. DUE TO	v Colomosia
Conditions, if any, which agave rise to immediate couse	y Sclerosis
(a), stating the underlying DUE TO	
couse lost. (c)	A Secretary of the Control of the Co
	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
§ Emaciation	YES NO 🗗
20b DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of item 19.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work	70e. PLACE OF INJURY (Home, form, 120f (City or tawn) (County) (State) factory, street, affice foldy, etc.
21. I certify that I taok charge of the remains describe	ed above, held an Autopsy 🔲, Inspection 🌁 Inquiry 📑 and in my
opinion death resulted from: Natural causes X. Acci	dent, Suicide, Homicide, Undetermined manner
1 1 1 1 1 1	PART HOUSE
SIGNATURE Develout Skefarely	M D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
EXAMINER'S Bonodiat Ciritanalia N	ASSISTANT MEDICAL EXAMINER
NAME (Type) Benedict Skitarelic, M	.D. DEPUTY MEDICAL EXAMINER July 21, 1958
220 BURIAL, CREMATION 22b DATE THEREOF 22c, NAME OF CEME	TERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stole)
Burial 7/24/58 RoseHill	Cemetery Cumberland, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE
Ruth E. Silcox Cumberland.	Maryland DATE JUL 2 3 '58 With Educh

TO DEPUTY MEDICAL EXAMINER: 17/2 certificate should be executed within 24 hours ofter death. If a "Heloy is execute the certificate, writing the "d" pending" in pendi in Item 18. Give Pages 1, 2, and 1 in "Unner 4 should be forwarded to the Chi Medical Examiner's Office along with farm PM3. Page 5 may retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State at its designated agent, priar to burial, cremation, or remayal, and in any eyent within 72 hours after death. VS A15⊞E 5M 2/57



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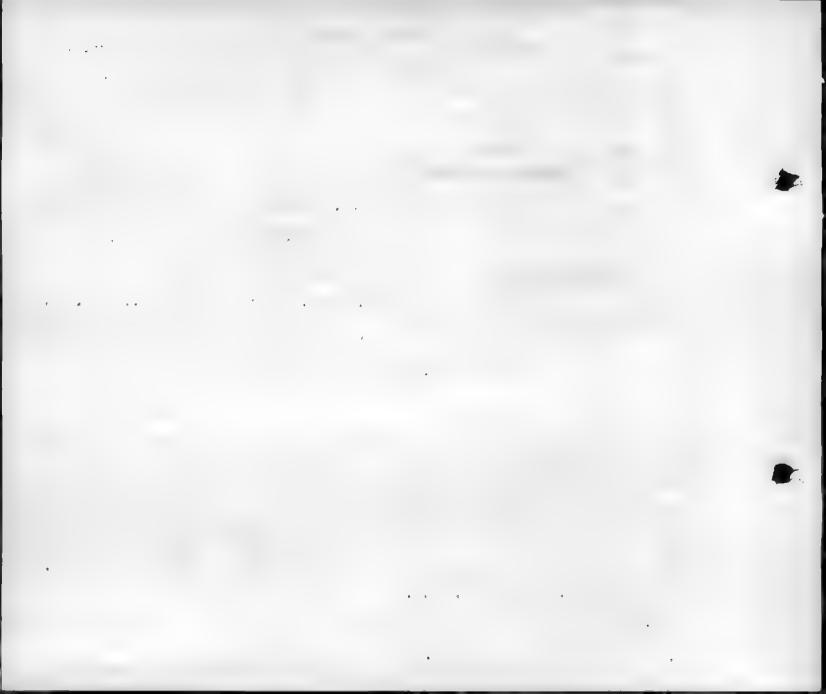
VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7472	CERTIFICATE	<b>OF DEATH</b>
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Reg. Dist. No. 17485

				Mañ. Misi	. IYU.				
1 PLACE OF DEATH 6. COUNTY	MARYLAND	2. USUAL RESIDENCE (Wh		AT AN A STATE OF THE STATE OF T	,				
Allegany		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)		II .		mits, write RURAL and gr	re nearest lawn)				
Curt rland	15 Da; s	Cumberland	3						
d NAME OF HOSPITAL (If not in hospital, give s	treet address)	d STREET ADDRESS			e IS RESIDENCE				
Sacred Heart Hos	pital	600 Green	n St.		YES NO E				
3 NAME OF First	Middle	Last	4. DATE	Month	Day Year				
(Type or print) Nancy	Catherine	Kimes	OF DEATH	July	14 1958				
5. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8 DATE OF BIRTH	9. AG	E (In years IF UNDER I	YEAR IF UNDER 24 HRS				
	DOWENTA DIVORCED	Sept.10, 1872	8	Dirthday) Months E	Pays Hours Min				
10a USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR INDU				EN OF WHAT COUNTRY				
during most of working life, even if retired)	Own home	Oldtown, 1		U.S					
Housewife	CHII HOME	14 MOTHER'S MAIDEN N		0.0	** AL +				
			AME						
Francis Darke		Miranda	7						
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  (Yet, no or unknown) (III yes, give wor or dates of service)	1	NFORMANT		Address					
No	None M	rs. Guy J. Sp	ear 609 (	Greene St.,	Cumb. Md.				
18. CAUSE OF DEATH [Enter only one cause p	per line far (a), (b), and (c)				INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: CI	erebral Thrombos:	is, left hemis	sphere		15 days				
DUE TO									
	amahmal and Cama	molized Automi			77				
gave rise to immediate	erebral and Gene:	ratized Wifeli	roscieros	7.6	Years				
cause (a), storing the under	Luian (d), storing the brocks								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY									
PART II. OTHER STONIFICANT CONDITIO	DINS CONTRIBUTING TO BEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PART	PERFORMED?				
S Pyelitis					YES NO				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
1		ACE OF INJURY (Hame, form,	20f (City or tow	(n) (Co	unly) (Slate)				
Hour o.m	Vhile Not while TO	ctory, street, affice bldg., etc.	1						
	Tune 20	10 ES . Tu3	71.						
21. I certify that I attended the dec	redsed from TIME 23	19 <u>.20., 10.1111</u>	-V	_, 19 <u>_2Ω_,</u> that Fla	st saw the deceased				
alive on July 14	12-29-, and that death	accurred at 8 17 1							
ACTUAL .	41 !!		ADDRESS (Street, ci		DATE SIGNED				
SIGNATURE MANUE TO	htommy.	M.D. Algonquin	Hotel, C	umberland,	Maryland.				
PHYSICIAN'S Wyand F. Doern	er, Jr., M.D.								
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION IS	lity, fawn, or county)	[Stote]				
REMOVAL (Specify) Burial 7/17/58	Hillcrest Bu			land, Haryla					
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR	24b REGISTRAR'S SIGN					
	erland, Md.	16:		240 REGISTRAR'S SIGN	TORS.				
and the deal go during	74 7 11 11 11 11 11 11 11 11 11 11 11 11 1	DATE 📲	UL 1 8 '58	188	11/2				



VS A1S (4) 15M 10/57 H

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7512 CERTIFICATE OF DEATH

Reg. Dist. NU7486

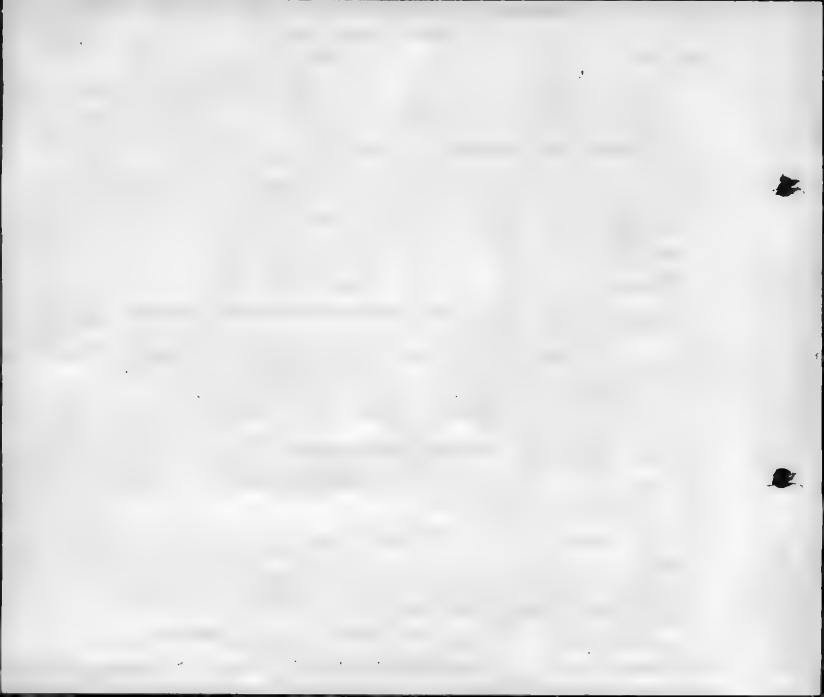
				1301 5					114 01 011		<i>46 . A</i>	<u></u>
,	1. PLACE OF DEATH a COUNTY	Allegany		MARYL	11: 1	USUAL RESIDENCE (WHO STATE Haryla		lived. If institute b. COUNTY				ian)
	RURAL and a ve ne	f autside corporate limi carest tawn) Cumberland	ts, write	c. LENGTH OF STAY II	v 16 X	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  X Rt. "4 Cumberland						
	d. NAME OF HOSPIT OR INSTITUTION ULLITOWN	Road	ive street i	oddress)		Oldtown Ro	ad					DENCE FARM?
	3. NAME OF DECEASED (Type or print)	Leona		Middle Maud	K <sub>1</sub>	ippenberg	4. DATE OF DEATH	July	ith	7. Day		fear 58
	s. sex Fernale	6 COLOR OR RACE White	7. MARR	ED NEVER MARRIED		TE OF BIRTH ril 18. 188		9. AGE (In years last birthday)	IF UNDER Manths	I YEAR Doys	Haurs	R 24 HRS Min.
\	10a. USUAL OCCUPATION during most of work Housewif	ing life, even if retired		KIND OF BUSINESS OR WILL HOME			ar foreign co			IZEN OI		COUNTRY
)	John Iro	3. FATHER'S NAME John Irons					Dicke:	n <b>s</b>				A.M
	IS. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR lift yes, give wor or dates of se	RAICE)	social security no None	IIrs.	MANT James R. Ha	atfiel	d La Val		ry1a	.nd	
		ny, which (b)		e for (a), (b), and (c)	ren	ary 7	Hu	mh	2.2		AND	WEEN DEATH
)	ITADI					RELATED TO THE TERMIN			EN IN PART	H(a) 19	PERFO	NO
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Yea	r 20d. IN While		Oe. PLACE C	DF INJURY (Home, form, street, affice bldg., etc.)	20f. (City		(C	ounty)		(State)
	alive an ACTUAL SIGNATURE	at lattended the	, 19 <u>5</u>	Surred	leath occ	urred ot 30 L	M, fram ADDRESS (Sir AVe	eet, city or lawn,	ind on th	ast sav	w the state	deceased d abave TE SIGNED
	220. BURIAL, CREMATION REMOVAL (Specify)			27c NAME OF CEMET			22d LOCATI	ON (City, town, o		and	(State	)
	23. FUNERAL DIRECTOR:		mber1	ADDRESS and, Md.			BY REGISTR		PRAR'S SIG	NATURE		

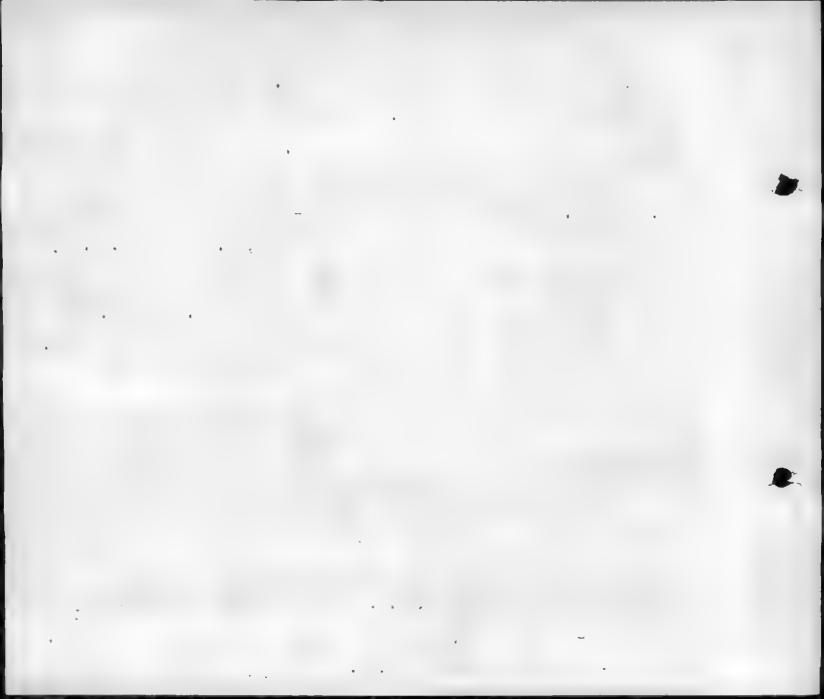


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7513 CERTIFICATE OF DEATH Reg. Dist. No. 1748" 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) a. COUNTY Allegany b. COUNTY maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporole limits, write RURAL and give nearest town) RURAL and give nearest town)
Rime Climber land & Rural Rt 2 Williams Road 50 Years d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION # d. STREET-ADDRESS e. IS RESIDENCE Residence Rt 2 Williams Road Williams Road YES NOX 4. DATE DECEASED OF DEATH July Louis .Tohn Laber (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lesty-birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months White Feb 20 1901 WIDOWED [7] DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Allegany Ballists Eckhart Md USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Laber Annie Kroll IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17-10-4983 Margaret Laber Williams Road City 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). 1 A 51 Mini **DUE TO** Canditions, if any, which ] gave rise to immediate DUE TO coese (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 4 or Part 4 of Item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (Stote) factory, street, office bldg, etc.) Hour o.m. ....Not-while While of work | of work | 1954, ta 126, 1954, that I last saw the deceased 21. I certify that Lattended the deceased from..... , and that death accurred at 1 M, from the causes and an the date stated above. SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county). (Stote) REMOVAL (Specify) 1954illcrest Burial Park Cumberlana 23. FUNERAL DIRECTOR'S AUGNATUR Cumberland, Ma.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7479 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. funeral director, please funeral director. Page of retained for your files. M d "pending" in pencil in Item 18. Give Pages 1, 2, and 3 transferences Medical Examiner's Office alang with form PM3. Page 5 may as retained be used mm a buriol-transit mermit. File pages 1 and 2 with thm State riol, cremotion, ar removal, and in any event within 72 hours ofter dimith. certificate should be executed within 24 hours after death. 10 H MEDICAL CEPTIFICATION 3 should be its designotes assent, priar to buriol, execute the certificate, writing the 4 should be forwarded to the Ch TO DEPUTY MEDICAL EXAMINER:

VS A15ME

Reg. Dist. No.

07489

	The state of the s										
PLACE OF DEATH o. COUNTY	Allegany		MARY	LAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)  • STATE Maryland b COUNTY Allegany						
b. City or town pro- ond give nearest town? Cumberlat		ERURAL	D. O. A.	IN 15	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPITA	L OR INSTITUTION (	f not in hosp	oilot, give street addres	1}	d STREET ADDRES	5			e & RESIDENCE		
Sacred Hea	art Hosp.	- 200	All Mark materials and advantage and		/26 Schill	Ler Ter	mace		YES NO M		
NAME OF DECEASED (Type or print)	Frank		Lawrence		Lindner	4. DATE OF DEAT	T d		ry Year 19 58		
SEX	6 COLOR OR RACE	7. MARRIE	DIN NEVER MARRIED	e Tile	DATE OF BIRTH		9 AGE (n years	TIF UNDER TYEA	AR IF UNDER 24 HPS		
Hale	White	WIDOWED	DIVORCED		April 17, 1	1893	65 yrs	Months Days	Hours Min		
during most of working	N (Give kind of work of lite, even if retired) (CT	done 10b K	& O. Rwy.	NDUSTI	Cumberla	and, Ma	aryland		OF WHAT COUNTRY?		
FATHER'S NAME					14. MOTHER'S MAIDER	N NAME					
Lawrence	Lindner				Catheri	ine Sci	roder				
NO 9	R IN U. S. ARMED FO	satvicu)	5-12-2368		s. Emma J.	Lindne	Addres er 26 Sch	Cumber	land, Md.		
Conditions, if on gove rise to immedia, stoling the ucouse lost.	y, which (b) (c) or couse nderlying (c)		Coronary Oc	oler		RMINAL DISE	ASE CONDITION G	0)	Sudden  Sudden		
20g. EXTERNAL CAUSE OF DEATH.	TRIBUTING []				nter nature of injury in I				YES NO NO		
Hour o, m.	Y Month, Day, Yec	While of war	Not while	fecto	E OF INJURY (Home, for ry, street, office bldg., a	orm, 201, (C etc.)	ally or lown)	(County)	(State)		
opinion death r	Perulted from: the second of t	Natural c	etarele	dent [	M D. CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA	Homicio EXAMINER DICAL EXAMI AL EXAMINEI	de [], Undet	ermined mon	DATE STONED		
REMOVAL (Specify) BUTIAL  I, FUNERAL DIRECTOR	7/10/58	)F	S. S. Pete		Paul's 240. R	Cum'					
H. Wayne G	eorge Cum	berlar	nd, Md.		DATE	JUL 1 1	'58 (1)	of educe	h		

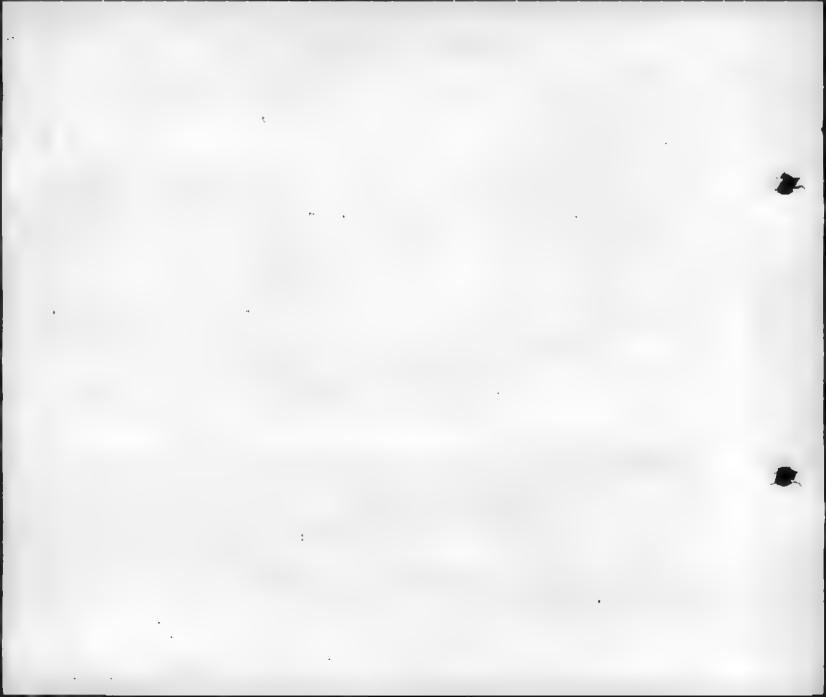


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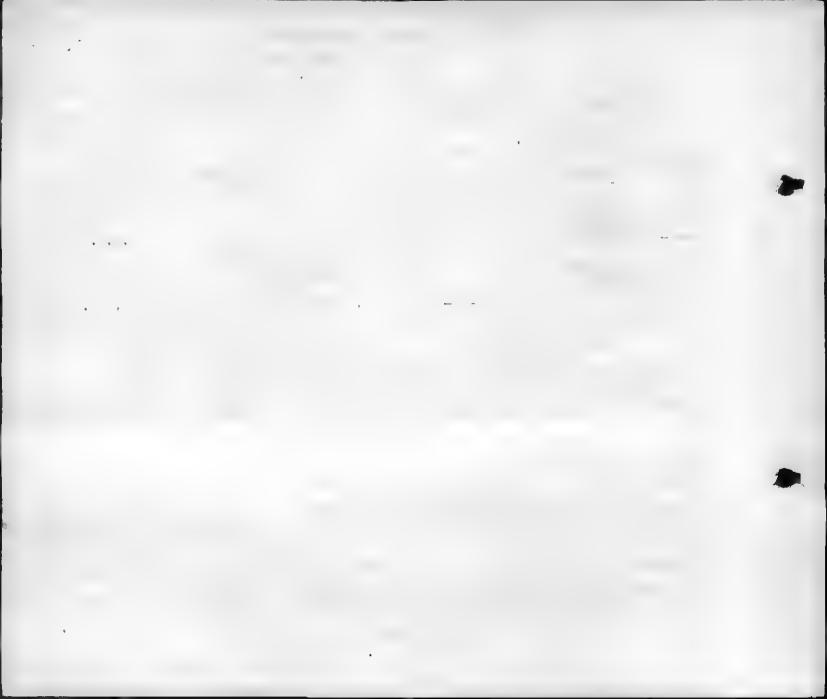
	X1134		Reg	. Dist. No.
PLACE OF DEATH COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived. If institution Res b. COUNTY AL	LEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)  CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corparate fimils, write RURAL o	and give nearest lawn)
of INSTITUT ON MEMORIAL HOSPITA	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF person of person pe	Middle MAY	MAC DONALD	4. DATE Month JULY	87 Yeor 58
5. SEX 6. COLOR OR RACE 7 MARR	DIVORCED	8 DATE OF BIRTH FEB. 11-1917	9 AGE (In years IF UN last birthday) Mont	IDER 1 YEAR IF UNDER 24 HRS
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)				CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	MIG HONGE	14. MOTHER'S MAIDEN N	AME	01/2/
THOMAS BEEMAN		MAUDE	STEWART	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	NFORMANT	Address	
To you great or all and a		MEMORIAL HOSPI	TAL-MEMORIAL & WA	ARWICK AVES.
PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (c).]	emonda	18	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate (b)	mpondin	g Desteti	l Coma	24 home
couse (o), stoling the under- lying cause lost.	afetes m	ellitus		2 years
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO [2]
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m., p. m. 19 While of work	Not white fo	ACE OF INJURY IHome, form, clory, street, office bldg., etc.	20f (City or town)	(County) (State)
21. I certify that I attended the decease		1 2 19 to 12:15	M, from the causes and or	t I last saw the decease n the date stated above
SIGNATURE W. alfied V	n Olmer		ADDRESS (Street, city or town, stole)	DATE SIGNED  Sylvy 5
PHYSICIAN'S DR. VAN ORMER		127 5.	Enh 89.	
220 BURIAL, CREMATION. 226 DATE/THEREOF/ PEMOVAL (Specify) 23 PLOSEAL DIRECTOR'S SIGNATURE	ADDRESS	anv-	22d LOCATION ICUR, lown, or confi	it mol
Ban I Info	1	~ //	BY REGISTRAR 246 REGISTRAR'S	SIGNATURE



VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7500 CERTIFICATE OF DEATH

07491

	CERTIFICA	TIE OF PEATE	Rec	J. Dist. No.			
o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	re deceased lived. If institution, Re b. COUNTY Al	sidence before admission) Legany			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		itside corporate limits, write RURAL	and give nearest town)			
RURAL and give neores fown) Westernport	99 Yrs	Westernport					
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 122 Church St.	address)	d street address 1 122 Churc	h	o. IS RESIDENCE ON A FARM? YES NO			
NAME OF DECEASED (Type or print) Francis Burke	Middle McM:	lost Illen	4. DATE Month OF DEATH July	0ay Yeor 4 19 58			
s. SEX 6. COLOR OR RACE 7. MARR. WIDOWE	IED NEVER MARRIED DIVORCED	8. DATE OF BIRTH July 2, 1888	9. AGE (In years IF Ut last birthday) 70 yrs.	NDER 1 YEAR IF UNDER 24 HRS  oths Days Haurs Min.			
00 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) WOOD= INSPECTOR F	kind of Business or Indu	STRY 11. BIRTHPLACE (Stote of	Penn.	Z. CITIZEN OF WHAT COUNTRY?			
3. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME				
Robert McMillen		Agnes A	aron				
(Yes no or unknown) . If was must were at dates of services		NFORMANT Mrs. Francis M	Address CMillen-Westernp	ort. Md.			
gave rise to immediate couse (a), stating the under-lying cause lost.  PART II OTHER SIGNIFICANT CONDITIONS COUSTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?			
200. ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	art I or Parl 11 of item 18 )				
20c. TIME OF INJURY Month, Day, Year 20d In Hour a m While ot work	Nat while for	ACE OF INJURY IHome, farm, ctory, street, affice bldg, etc.)	20f (City or town)	(County) (State)			
21. I certify that I attended the deceased fram. July 1, 1953, to July 4, 1958, that I last saw the deceased alive an July 1, 1958, and that death accurred at 31304 M, fram the causes and an the date stated obave.  ACTUAL SIGNATURE Paul Allow M.D. Pled must W.V. July 5, 1958							
PHYSICIAN'S Piedmont V	VIVA			, ,			
270. BURIAL CREMATION, 27b. DATE THEREOF BUTIAL (Specify) 7/7/58	Philos Cemet		22d location (City, town, or coo Westernport	inty) (Stote) Md.			
23. FUNERAY DIRECTOR'S SIGNATURE	Westernport, M	24- DEC'T	BY REGISTRAR 246 REGISTRAR	's SIGNATURE			



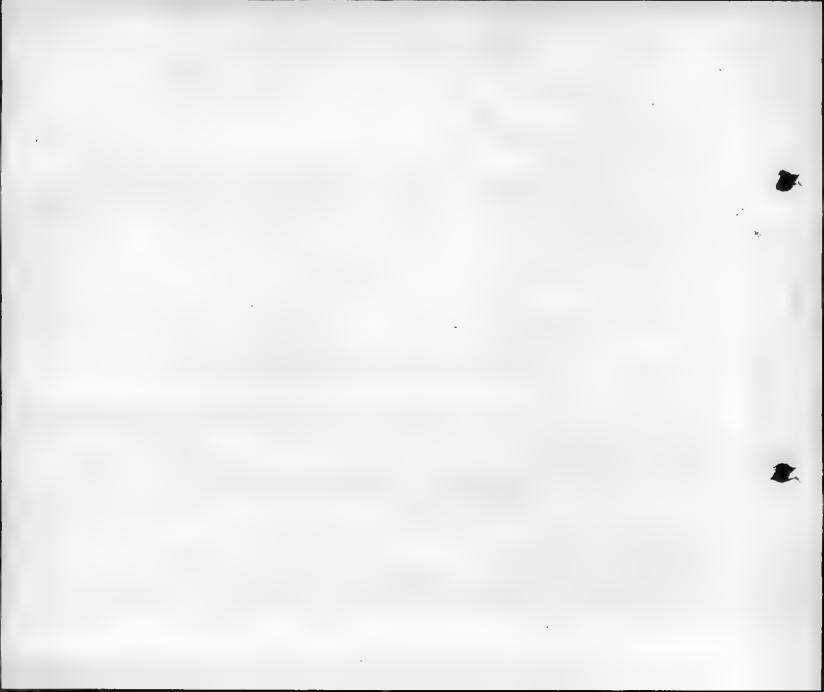
VS A15 (4) 15M 10/57 H

MARYLAND STATE	DEPARTMENT	OF HEALTH	-BALTIA	AORE, 1	8

7501 CERTIFICATE OF DEATH

Reg. Dist. No. 07492

1	, PLACE OF DEATH o. COUNTY	6			2. 05	WAL RESIDENCE (Wh	ere deceased li		on Residence b	efore admiss a	on}
	B. CODINI	Allegany		MARYLAN	KD °	Mary]	Land	b. COUNTY	Alle	gany	
	b. CITY OR TOWN (If RURAL and give ned	outside corporate limi	ts, write c.	LENGTH OF STAY IN 1	lb c	CITY OR TOWN (If o	utside corporate	limits, write R	URAL ond give	nearest town)	
	Frost			4 Weeks		Midlo	othian				
Г	d. NAME OF HOSP TA OR INSTITUTION		eve street add	fress)	p	STREET ADDRESS				e. 15 RES	DENCE
		's Hospi	tal							ON A	
3	NAME OF	Fir		Middle		Lost	4. DATE	Mon	th	Day Y	109
	(Type or print)	Eliz	abeth	Walker	3	Merrill	DEATH	July		~ ~	, 58
5	. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	-	E OF BIRTH	9	AGE (In years	IF UNDER 1 YE		
/	Female	White	WIDOWED (	DIVORCED	No	v.23rd.1	880	lost biethdoy)	Months Day	Hours	Min
1	Og. USUA, OCCUPATION	of Give kind of work on the life, even if retired	done 105 KIN	ND OF BUSINESS OR IN	DUSTRY 1	1. BIRTHPLACE (Slote	or foreign count	lry)	12 CITIZEN	OF WHAT	COUNTRY
	Housewif	e even ir renired	Own	housewor	rk	Scotlan	d			USA	
13	3. FATHER'S NAME				14.	MOTHER'S MAIDEN N					
	Willia	am Walker	•			gnes Spe	oin				
	S. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOI	CIAL SECURITY NO. 1	7 INFORM		<u> </u>	Addr	ess		
,	Yes, no, or unknown) (II	yes, gave wor or datas of s	ervice)	None	Mrs.	Henry A	tkinso	n. Mic	llothi	an. M	d.
F	18. CAUSE OF DEAT	H [Enter only one co	use per line f							TERVAL BET	
	PART I DEAT	H WAS CAUSED BY:	_	Let a		Comme	12-11 5	- /	Ö	NSET AND	PEATH
	420.1	IMMEDIATE CAUSE (o				0/01	cry o	cour	con	20	ays
	Conditions, if on		MIN	Commission on la	4 1	- C 11	and and of the	els of	2000	Una	La.
	gove rise to im	mediate (	LOY	200	evi-c	Covor	or our			There	
	couse (a), stating the lying couse lost.										
12		R SIGNIFICANT CON		TRIBUTING TO DEATH	BUT NOT R	FLATED TO THE TERMI	MAI DISEASE CO	ONDITION CIV	ENI INI DART II-	I DO WAS A	TOPSY
ATIO			144		201110141	TO THE TENNIN	INE DISEASE CO	ORDINOR GIV	EN IN PART 10	PERFOR	MED?
0134	20g. ACCIDENT WAS	UNDERLYING []	20b. DESCRIE	BE HOW INJURY OCCU	RRFD (Fnte	r noture of minry in P	Port Lor Port II	of item 18.1	<del></del>	YES 🗌	NO Z
CEPTICICATION	OR CONTRIBUTING TO THE EITHER, NOTIFY A	CAUSE OF DEATH					***************************************				
			r 20d. (NJIII	RY OCCURRED 20e.	. PLACE OF	INJURY (Home, form,	20f 10 by or	(own)	(5		{Stole}
MEDICAL	Hour o.m.	19	While	Nat while	foctory, st	reel, office bldg., atc.	1	lowing	(Count	71	{210te}
3	1		of work	77	. 0 /	- E0/ 0	30 1	ń			
	21. I certify the	t I attended the	deceased	-/	ul,	19-20, to 0	12 Ju	myci 1720ch	that I last	saw the c	lec <b>eo</b> sec
$\perp$	alive on	wyzv	_, 12_2%	, and that de	ath accu	rred at 27546				lote stated	d abave
	ACTUAL	0	125	1		- "	ADDRESS (Street	t, city or lown, :	ilole)	9A1	IE SIGNED
	SIGNATURE	2000	12,10	ravio,	M D. ,_		Dr00	dury	/ 	7/4	4/218
L	PHYSICIAN'S NAME (Type)	John	B	DAVIS	MiD.	Fro	stl-u	y, Su	el-		
2.	20. BURIAL, CREMATION			2c. NAME OF CEMETER	Y OR CREM	ATORY	22d. LOCATION	V (City, lawn, o	r county)	(Stole)	
	REMOVAL (Specify)	7-25-58	3   I	P'bg.Memo:	rial	Park	Fros	tburg,		Md.	
23	3. FUNERAL DIRECTOR'S			ADDRESS		24o. REC'D	BY REGISTRAR	24b REGIS	TRAR'S SIGNAT	URE	
L	Joseph R	. Durst,	Fi	rostburg,	Md.	DATE	1111 9 R 15	10 00	I do car	eh	



	1-2
FOR	STATE

HEALTH DEPT.

I

to deputy Medical Examiner. Proceeding in pending in them 18. Give Pages 1, 2, and 3 to forestory, please execute the certificate, writing the dispersion of pending in pending in them 18. Give Pages 1, 2, and 3 to forestory force 4 shauld be forwarded to the Chip Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. To FuneRAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Store Board of Health, or its designated agent, prior to burial, cremation, ar remard, and in any event within 72 hours after death.

VS A15ME BM 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7514 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rec

	Ph. 1 . 1	No.	7	4	9	3
1	[]ide	N/A				

		····			
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where dec		
	1egany	MARYLAND	a. STATE Maryland	b. COUNT	Allegany
b. CITY OR TOWN (I	auts de corporale lim s, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporate limits, write	
Aural du	mberland		. Cumberland		
d. NAME OF HOSPITA	AL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		e IS RES DE E ON A FASM.
Rt 7 220.			740 Greene	St.	YES NO NO
3. NAME OF DECEASED	Frat	Middle	Lost 4 DATE		Doy Year
(Type or print)	Ronald Lee		TITT CITE DEVI	H July	4 1958
5. SEX	6. COLOR OR RACE 7 MARRI	ED NEVER MARRIED B.	DATE OF BIRTH1938	9. AGE (In years lest birthday)	IFUNDER TYEAR IF UNDER 24 HRS
Male	White WIDOWE		Dec. 22,1080	19 yrs.	Months Doys Hours Min.
10a USUAL OCCUPATIO	IN (Give kind of work done 10b.) g ('fe, even if refired)	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Factory worl	D.	kery	Cumberland, 1	id.	U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Russe11	L. Minnicks		Goldie E. Smi	iley	
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
Ö		15-36-8643	ir. Russell Linn	icks, 740	'reene St. Jumb.
18. CAUSE OF DEAT	TH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I, DEAT	H WAS CAUSED BY:	ohyxiation_			30 min
	DUE TO				
Conditions, if a	A or a	pitation of	blood		
gave rise to immed	liote couse DUE TO				
(a), stating the u	Ba:	silar skull :	fracture		
A PART II. OTH	ER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISE	ASE COND TION GIV	EN IN PART 1(0) 19. WAS AUTOPSY
PART II, OTH					YES NO
200. EXTERNAL CAL	ISE WAS 206 DESCRIB	E HOW INJURY OCCURRED (E	nter nature of injury in Part I or Part	ti of item 18)	
	up	set automobi.	le .		
3 20c. TIME OF INJUS	Y Month, Day, Year 20d	INJURY OCCURRED 200 PLACE	E OF INJURY (Home, form, 201, (iny, street, office bldg., etc.)	City or lown)	(County) (State)
2 45 m.	19 OI wo			Near Cum	berland, Alleg.Md
	at I took charge of the		ve, held on Autopsy X.	Inspection K.	
opinion death	resulted from: Notuçal	couses [], Accident [	N. Suicide [], Homici	de [], Undeter	rmined monner
	2 11 1/4	' /	-		_
ACTUAL SIGNATURE	reveduct Ski	tarely)	M.D. CHIEF MEDICAL EXAMINER	0	DATE SIGNED
			ASSISTANT MEDICAL EXAMI	NER 🔲 🐧	1 4 1958
EXAMINER'S NAME (Type)	Benedict Skit	arelic, M.D.	DEPUTY MEDICAL EXAMINE	X X	ly 7, (120
	N. 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LO	CATION (City, town, o	r county) (State)
REMOVAL (Specify) Burial	July,7,1958	Rest Lawn Hemo	orial Carden Co	mberland.	}[d.
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24o. REC'D BY REG		TRAR'S SIGNATURE
Charles L.	. George, Cumb	erland, Md.	DATEJUL 7	'58 W.	reduch
between the					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 17494 with filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) o. COUNTY o. STATE Allegany b. COUNTY MARYLAND Allegany Marvland ero b. CITY OR TOWN (If outside corporate limits, write pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) P Cumberland VIS Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 251 Henderson Avenue Handerson YES NO X NAME OF Middle 4. DATE Lost Month Yeor DECEASED (Type or print) John Paul DEATH July 19 Pagi 6. COLOR OR RACE 7. MARRIED THEYER MARRIED S. SEX 9 AGE (In years lost birthdoy) 9. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED IX DIVORCED [ Male death. October 1868 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired construction worker U.S. corbon Maryland ofter, 14. MOTHER'S MAIDEN NAME John Paul Margaret Kolb 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dotes of service) No Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE In **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 119, WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) ō factory, street, office bldg., etc.) Hour o. n. While Not while of work T of work D. m. 21. I certify that I attended the deceased from ..that I last saw the deceased IP to from the causes and on the date stated above. alive on that death occurred at AL DIRECTOR: ADDRESS (Street, DATE SIGNED ACTUAL SIGNATUR NAME (Type) toy be r 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 29/58 a Lukes Cemetery Maryland Cumberl 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b/: REGISTRAR'S SIGNATUR JUL 3 Cumberland Maryland Stloox DATE 15M 9/55



			75	15 CERTI	IFIC	ATI	OF DEA	TH			Reg. C	Dist. No	174	90
	PLACE OF DEATH o. COUNTY Alle	gany		MART	reand		USUAL RESIDENCE ( o. STATE  Md.	(Where dece	osed	lived. If institution b. COUNTY		ance before		ion)
R	b. CITY OR TOWN (I RURAL and give in Lucal Barto	If outside corporate limi earest lown) 011	h, wrile	c. LENGTH OF STAY		×	c. city or town ( Rural B		rporo	ole limits, write RL	JRAL and	give ne	orest town	1)
	d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in hospitol, g	ive street	oddress)		1	d STREET ADDRESS							IDENCE FARM? NO [3]
3.	NAME OF DECEASED (Type or print)	John fir	șt .	Wesley	1	Po	lost rter	4. DA1 OF DEA	E	July 9	h	De		Yeor 19 58
5.	sex Male	6. COLOR OR RACE White	7. MARE	IED 🖪 NEVER MARRI			eb. 23, 1	876	9	AGE (In years tost birthday) 82 yrs.	Months	R I YEAR Doys	Hours	R 24 HRS. Min.
Too USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Miner  Coal Mine				OR INDI		Barton,	Md.	n cou	ntry)		J.S.		COUNTRY	
	Henry Po						14 MOTHER'S MAIDEN NAME Isabelle Miller							
		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO			John Po	rter-I	Bar	ton, Md.				
	PART I DEA		De	toriosel	nd	ot.	Specifica					5	ERVAL BE	
7	lying couse lost.	the under- CUETO	)											
ICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BU	IT NOT	RELATED TO THE TEN	RMINAL DISI	EASE	CONDITION GIVI	EN IN PA	RT 1(0) 1		NO X
L CERTIFI		S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	4.7	CRIBE HOW INJURY O	CCURR	ED (Er	iter nature of injury	in Port I or	Port I	l of item 18.)				,
MEDICAL	20c TIME OF INJUR Hour o.m. p. m.	19	While of wor	NJURY OCCURRED Not while t of work	fe	actory,	OF INJURY (Home, fo street, office bldg ,	efc.)		·		(County)		(Stote)
	21. I certify the alive on	at I attended the		ed from Tuly and that		h acc		ADDRESS	ram (Stre		nd an		te state	

22c. NAME OF CEMETERY OR CREMATORY

Westernport, Md.

Laurel Hill

ADDRESS

22d. LOCATION (City, town, or county)

246 REGISTRAR'S SIGNATORE

Moscow

240. REC'D BY REGISTRAR

(Stote)

may be retained by the hospital or a nating #hysician.

TO FUNERAL DIRECTOR: After this can cape has been signed by the attending physician and camplet page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSPITAN: VS A15 (4) 15M 9/SS

220 BURIAL CREMATION, REMOVAL (Specify) BUTIAL

22b. DATE THEREOF

in by the funeral director, and 2 should be filed with



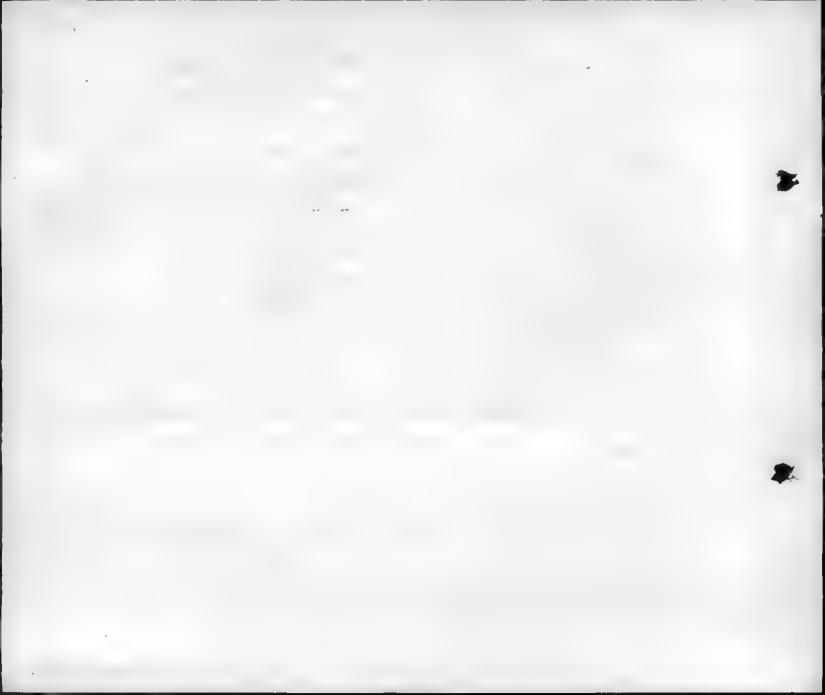
							Keg. Dist.	140.
1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESIDENCE (WHO		b COUNTY		_
	Allegar			1/	land		A.	llegany
RURAL ond give	N (If outside corporate limi e neorest town)	ts, write	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corpo	role limits, write R	URAL and give	e nearest town)
lit	. Savage		life	Mt.	Savas	ze -		
d. NAME OF HOS	SPITAL (If not in hospital, a	ive street	address)	d STREET ADDRESS				e. IS RESIDENCE
				/				ON A FARM? YES NO
3. NAME OF DECEASED	Fir	'\$1	Middle	Lost	4. DATE OF	Mon	th	Day Year
(Type or print)	TERESA		F	URBAUGH	DEATH	July		31. 19
S. SEX	6. COLOR OR RACE	7. MARI	RIED MEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24 HR
female	white	WIDOW		8-16-1886		last birthday)	Months Do	oys Hours Min.
100 USUAL OCCUPA	T ON (Give kind of work i	done 10b.	KIND OF BUSINESS OR INDU				12 CITIZE	EN OF WHAT COUNT
during mast or w	vorking lire, even it retired	)			_			
13 FATHER'S NAME	rk		own home	Maryla				J.S.A.
IS. FAIRER S NAME				14. MOTHER'S MAIDEN N	IAME			
	k Collins	_		Eliza	beth	Lemmer	t	
IS WAS DECEASED E	EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Add	rets	
		2	12-10-9137B	Earl Purba	ugh,	Mt. S	avage,	, lid.
	DEATH [Enter only one co	J 1		0 7 0 11 .	-1			INTERVAL BETWEEN ONSET AND DEATH
PART I. D	DEATH WAS CAUSED BY: . IMMEDIATE CAUSE (6)	, Che	rule to 18 of	det Hart	-TAU	6.34 .		ONSET AND DEATH
1 5	DUE TO			i i				
Conditions, if	Lony, which \	. A.	20 1. 1.	Heary K				
gove rise to	immediate (		To person with	11-17-1 /C	of the sales for gother	£ 42		1 1 42 1
lying cause las	ng the <u>under-</u>	61	1 1 1 1 h	to in house	_	87.1/2	. /	10
7		)	2-4 (~ -64 (1)	The second secon				10 1 "
OLL PART II. C	DIHER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	E CONDITION GIV	en in fart 1	PERFORMED?  YES NO D
200 ACCIDENT	WAS UNDERLYING D.	20b. DES	CRISE HOW INJURY OCCURRE	D (Enler_nature of injury in P	ort I or Part	II of item 18.)		1 (1 )
	NG CAUSE OF DEATH IFY MEDICAL EXAMINER)		CRISE HOW INJURY OCCURRE			,		
20c. TIME OF INJ	URY Month, Day, Yes			ACE OF INJURY (Home, form,	20f (City	or town)	(Cou	inty) (State
Hour a. m	10	While	k ot work for	tory, street, office bidg., etc.	1			
				1-7	- /		C	
			ed from					
alive on	7/-51/53	_, 12_	, and that death	accurred at 124.1/	_M, from	the causes a	nd on the	date stated abo
	1 0 :		0/. (		ADDRESS (Sti	reet, city or town,	state)	DATE SIGN
ACTUAL SIGNATURE	hid Airai	17:0	that Englus	M.D Br	oadwa	av.		
	, , , , , , , , , , , , , , , , , , , ,							
PHYSICIAN'S NAME (Type)			thstein, M.	D. Fr	ostbi	urg, lid.	6 	~~~~
22a. BURIAL, CREMAT REMOVAL (Specif	ON, 226 DATE THEREO	F	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCAT	ION (City, fown, o	or county)	(State)
Burial	8-4-58		St. Patrick	s Cemetery	Mt	. Sava	vo Má	1
23. FUNERAL DIRECTO			ADDRESS		BY REGISTI		TRAR'S SIGNA	ATURE
J. B.	Durst, F	ייחבו	thurg. Md.	[			1	- /
	2 32 2 0 9 1	4 77	O D COT E & LITTLE	DATE	HP 2	58   111	-A che	160

requires that the death certificate be executed with may be retained by the haspital are related physician.

TO FUNERAL DIRECTOR: After this calculate has been signed by the attending physician and campletely page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pothe registrar prior to burial, crematian, or remayol, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: VS A1S (4) 1SM 10/S7

in by the funeral director, and 2 shauld be filed with

hours after death. Page



7482 CERTIFICATE OF DEATH

07497

		64	SZ CEKII	FIC.	AIE OF DEATH			Reg. Di	st, No.		
1. PLACE OF DEATH o. COUNTY	Allegar	ny	MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Mary)		d lived If institution b. COUNTY				ion)
RURAL and give no	f outside corporate limit parest fown) 1715 ETLOND	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF or		rote limits, write f mberlar		give neo	rest fowr	1)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g 1137 Brac		*		d. STREET ADDRESS 1137	Brad	dock Po	i (i			FARMEN NO [1]
3. NAME OF DECEASED (Type or print)	Fin Jol		Middle Van		Rafter	4. DATE OF DEATH	July		Day		Year 195호
5. SEX Male	6. COLOR OR RACE	7. MARRI WIDOWE	DIVORCE		April 28 19	))2	9. AGE (In years lost buthday) 56 yrs	IF UNDER Months	I YEAR Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work  Inspec	ong life, even if retired)		kind of Business of ate Roads		STRY II. BIRTHPLACE (Stote of Communication)	_	Md.	12. CIT	US.		COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN N						
Roy	O. Rafte:	r			Large	ret	Grium				
15 WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR: (1) yes, give wor or dotes of se		SOCIAL SECURITY NO		nformant rs. Doris Re	after	Add Cunte	_	a,	wid	•
	TH [Enter only one co	use per lin	e for (a), (b), and (c).	]						RVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		Coronary	He	art Disease					ye	
LL all al	DUE TO										
Conditions, if o		,									
gove rise to it											
lying couse fast.	) (c	)									
PART II. OTH	HER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	VEN IN PAR	T 1(o) 19	PERFO YES [	AUTOPSY PRMED?
I f	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY O	CCURRE	D (Enter nature of injury in P	ort I or Por	t II of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	20d. IN While of work	Not while of work	20e. Pl	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City	or fown)	(6	County)		(State)
21. I certify th	at I attended the	decease	ed fram 8 -	27	. 19 55, to 7	- 24	19 5	3 that I	last sa	w the	deceased
alive on 7	<b>-</b> 3	19 5		death	occurred at 10:30	OMafron					
	D /	7	*				treet, city or town,				ATE SIGNED
ACTUAL SIGNATURE	tega h.	Be	elin.		M.D. 62 Green	ne St				7-2	5-58
	Ralph W.	Ball	in		Cumberl	and,	líd.				
220. BURIAL, CREMATIO	N. 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY C	R CREMATORY	22d. LOCAT	TION (City, town.	or county)		(Stol)	a)

Cemotery

Md.

Kitzmiller

24a, REC'D BY REGISTRAR

DATE

JUL 2 8 '58

246. REGISTRAR'S SIGNATURE

Rafter

ADDRESS

Cumberland,

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within may be retained by the haspital or at any and physician.

TO FUNERAL DIRECTOR: After this certain as hos been signed by the ottending physician and completely page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Per the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A1S (4) 15M 9/S5

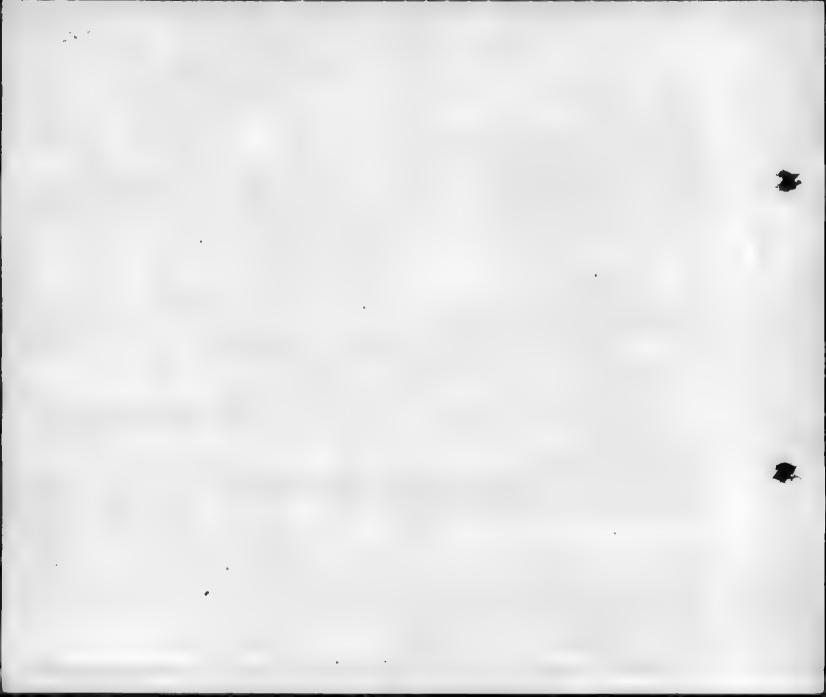
23. FUNERAL DIRECTOR'S SIGNATURE

Pages 1 and 2 should be filed with

M

17-17

4 hours after death. Page 4



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7483 CERTIFICATE OF DEATH

07498

Reg. Dist. No.

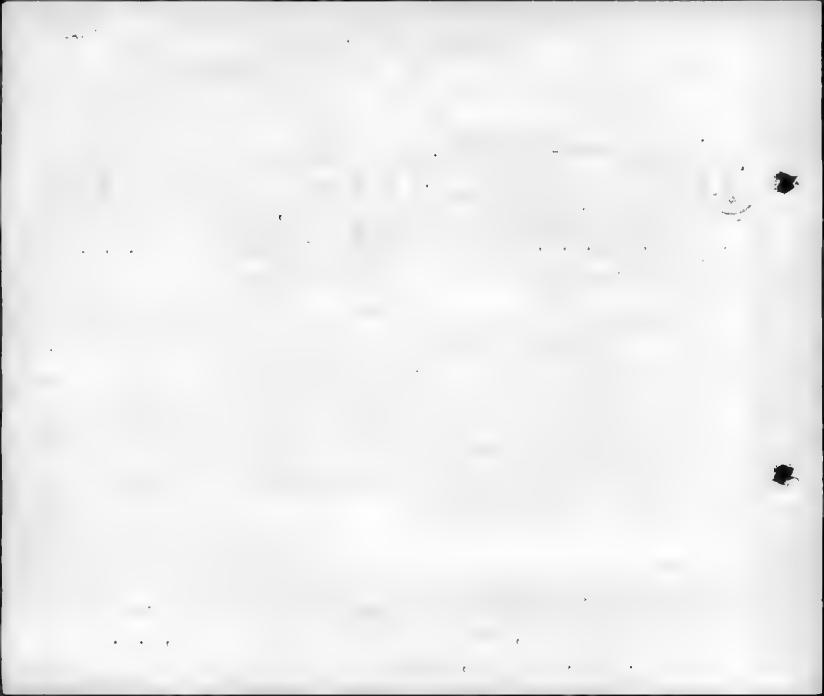
			wa8.	D181, 140,
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who o, STATE	ere deceased lived. If institution Resid	
ALLEGANY	HOMEDON	WEST VIRGIN	41A PIL	INERAL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corparate limits, write RURAL on	d give nearest town)
CUMBERLAND	2 DAYS	PATTERSON	CREEK	
d NAME OF HOSPITAL (If not in hospital, give street or INST TUTION WARWICK	AND	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL - MEMORIA				YES NO K
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Doy Year
(Type or print) DENNIS	L.	READD	DEATH JULY	21 1958
	HED 💢 NEVER MARRIED 🔲	8. DATE OF BIRTH	9. AGE (In years IF UND) lost bythdoy) Months	ER TYEAR IF UNDER 24 HRS.
MALE WHITE WIDOWS			1924   34 yn	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stole of	or foreign country) 12. C	TIZEN OF WHAT COUNTRY
De MIND OF UP UP	ELEGRAPHER	WEST VI	RGINIA U	. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
DENNIS READD		LULUA COL	LINS	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Ver. no. or unknown)   (If yes. give wor or doles of service)	_	NFORMANT	Address	
YES WW II	ME	MORIAL HOSPI	TAL CUMBERLAND	MARYLAND
18 CAUSE OF DEATH [Enter only one couse per lin	se for (a), (b), and (c) ]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	Coronary Occ	clusion		1 da.
420./ DUE TO				
Conditions, if ony, which ) (b)	Coronary He	eart Diseas	е	1 week
gove rise to immediate DUE TO				
lying couse last. (c)	none			
Part II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
				YES NO
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	ort I or Part II of item 18.)	
	none			
= 1		ACE OF INJURY (Home, form, fory, street, office bldg , etc.)	20f. (City or town)	(County) (State)
While of work	_ 1401 41416 1	in the state of th		
21. I certify that I attended the decease	ed from July 19,	1958 <sub>19</sub> Ju	Ly 21, 10 58 that	last saw the deceased
alive an July 21, 195	8 and that death		PM, from the causes and an	the date stated above
0 /5/		A	ADDRESS (Street, city or town, state)	DATE SIGNE
SIGNATURE CEMES T / Val	lenan my	np 140 Bedi	ford S treet	7/22/5
		*************		
NAME (Type) DR. JAMES HALL	INAN	Cumberla	and Maryland.	
220. BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY OF		22d LOCATION (City town, or county)	(Stole)
REMOVAL (Specify)  BURIAL JHILY 24, 19	58 FORT ASI	HRY_CEMETERY	FORT ASHRY W.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 745 REGISTRAR'S	IGNATURE
TOTAL T. HATRED CHARGEDT	ANTO RESERVED ANTES	1 101	25 50 1111-1-02	LLC. SA

hours after death. Page 4 ely and in by the funeral director.

Pages 1 and 2 should be filed with TO ECSINTAL OR ATTINEING PHYSIC IN: The law requires that the death merificate be exempted withing 2 may be retained by the haspital are an expension.

TO FUNERAL DIRECTOR: After this center has been signed by the attending physician and campletely page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pothe registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57



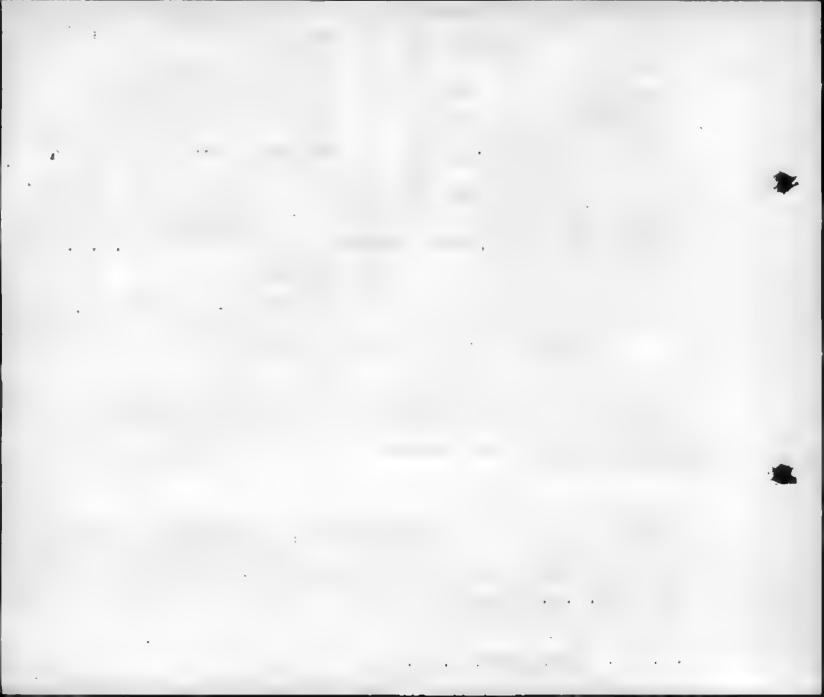
VS A1S (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7484 CERTIFICATE OF DEATH

07499 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceases o. STATE MARYLAND	I COUNTY	before admission)			
b CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) CUMBERLAND	24 DAYS	c. CITY OR TOWN (If outside corpo CUMBERLAND	role limits, write RURAL and giv	re negrest town)			
d. NAME OF HOSPITAL (WELL PRINTING BILE)	<b>ドライナス</b> オ	d STREET ADDRESS		e. IS RESIDENCE			
WARWICK & MEMORIAL	AVES.	513 LOWELL	AVE.,	YES NO 🛣			
3. NAME OF First DECEASED	Middle	Lost 4. DATE	Month	Day Year			
(Type or print) ETHE	L MARY	RICE DEATH	JULY	30 19 58.			
S. SEX 6 COLOR OR RACE 7.	MARRIED 📉 NEVER MARRIED 🔲	B. DATE OF BIRTH	A	YEAR IF UNDER 24 HRS			
	IDOWED DIVORCED	APRIL 26, 1923	350 yrs.	Poys Hours Min			
19a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	e 106 KIND OF BUSINESS OR INDU	STRY   11 BIRTHPLACE (Stote or foreign co	ountry) 12 CITIZ	EN OF WHAT COUNTRY			
Former Secretary	Int. Revenue Ser	vice MARYLAND	U,	S. A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
EDWARD HARTUNG		ANN STOWELL					
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Ye), no, or unknown)   (If yes, give wor or dates of service)		NFORMANT	Address				
No	216-14-1355	MEMORIAL HOSPITAL	- CUMBERLAND	), MD.			
PART I. DEATH (Enter only one couse  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  [b]  DUE TO  (c)	Lymphosa		edic	ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASI	CONDITION GIVEN IN PART T	PERFORMED?			
	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Part	II of item 18.)				
Hour o.m.	20d. INJURY OCCURRED 20e. Pt While Not while fo of work 0 of work	ACE OF INJURY (Home, form, 201. (City ctory, street, affice bldg., etc.)	or town) (Cou	unty) (State)			
21. I certify that attended the deceased from Mare 1, 1957, to 1957, that I lost saw the deceased alive an 1957, and that death accurred at 10:14PM, from the causes and an the date stated above.  ADDRESS (Syeet, city or lown, state)  DATE SIGNATURE  SIGNATURE  M.D. 133 Ver (Mar. Curlle, Law) M.1 751/D							
PHYSICIAN'S DR. O. G. HI							
220. BURIAL, CREMATION, 22b DATE THEREOF	22c. NAME OF CEMETERY O		ION (City town, or county)	(Stote)			
Burial Aug. 2, 1958			erland, Hd.				
Charles L. George. C	ADDRESS	24g. REC'D BY REGIST	1 0 0 1	ATURE			
China Tr. George, C	umberland, lid.	DATE AUG 4	58 Wirelin	and the			



**ADDRESS** 

0 VS A15 (4) 15M 10/57

HOSPITAL

LURYL , 4XVI

23. FUNERAL DIRECTOR'S SIGNATURE

240 REC'D BY REGISTRAR DATE 1111 2 4

24b REGISTRAR'S SIGNATURE



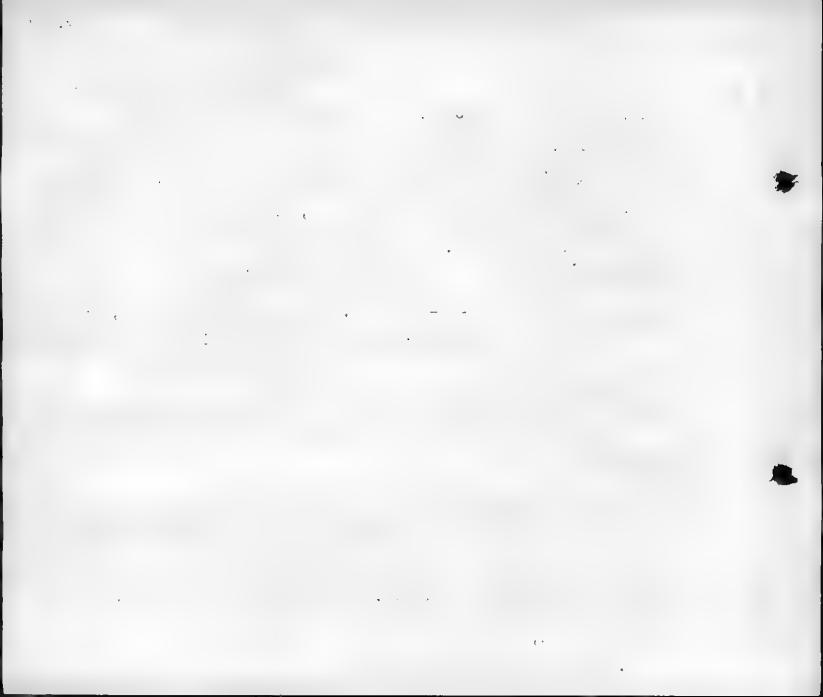
Cumberland Maryland

DATE AUG 4

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VS A15ME

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VS A15 (4) 15M 10/57

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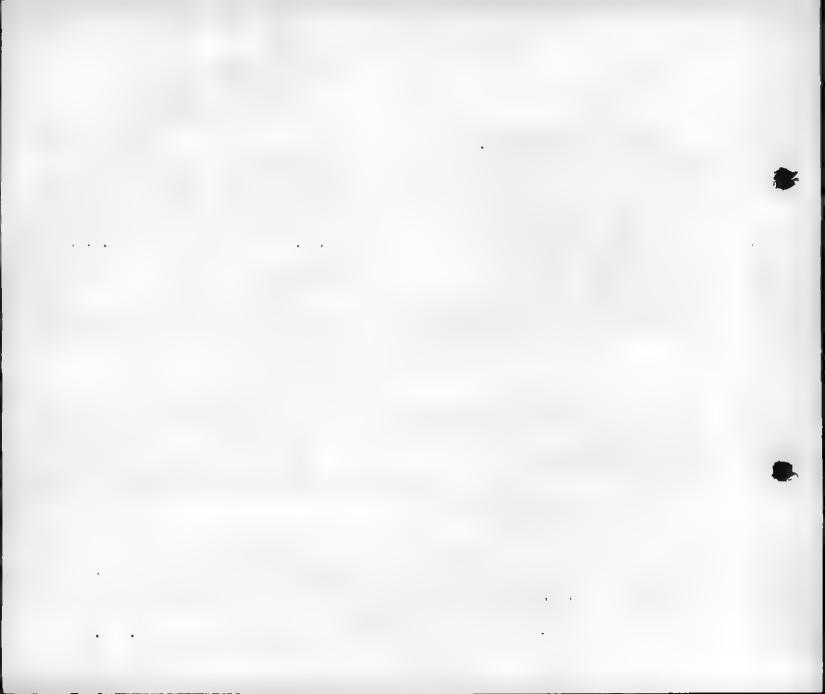
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7487 CERTIFICATE OF DEATH

Reg. Dist. No.

07502

-11				neg. Dist. 140.							
/	1. PLACE OF DEATH 6. COUNTY ALLE	GANY	MARYLAND	II o STATE	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE WEST VIRGINIA b. COUNTY						
	CUMBE		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MAYSVILLE						
	d. NAME OF HOSP OR INSTITUTION MEMORIA	L WARWICK AVE		d. STREET ADDRESS				SIDENCE A FARM?			
	3 NAME OF DECEASED (Type or print)	ROBER		ROTRUCK	4. DATE OF DEATH	Month JULY	- "/				
\	5. SEX MALE	6. COLOR OR RACE 7 MAI	VED DIVORCED	B. DATE OF BIRTH NOVEMBER 12		de al and	YEAR IF UND Doys Hours	M n,			
}	Farme	ION (Give kind of work done 10th rking life, even if retired)	KIND OF BUSINESS OR IND arming	USTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITI	U.S.A.	COUNTRY			
	13. FATHER'S NAME THO	OMPSON ROTRUCK		14. MOTHER'S MAIDEN I							
	15 WAS DECEASED EV (Yes, no. or unknown) Yes	[If yes, give war or dates of service]	SOCIAL SECURITY NO 17.	This was	utle +	Address	W.V.	( .			
Pik	Conditions, if gove rise to couse (o), stoling lying couse lost	immediate DUE TO	myoloidia	of Inforction	in , Clen	ON GIVEN IN PART	PERFC	AUTOPSY PRMED?			
	O THE EITHER, NOTIF	G LI CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURI			18 )					
	20c, TIME OF INJU Hour e.m. p. m.		Not while	PLACE OF INJURY IHome, form octory, street, office bldg., etc	n. 20f (City or town)	(Co	ounty)	(Stote)			
/	21. I certify to alive on	hat I attended the decea 30 July 12 r. alfred VO W. A. VAN	200m	MD. 127	AM, from the col ADDRESS (Street, city on 2 S. Conto		e date state				
	220. BURIAL, CREMATION REMOVAL (Specify	ON, 226 DATE THEREOF	22c. NAME OF CEMETERY Knobley Com		22d LOCATION (City,		(Slot	e)			
	23. FUNERAL DIRECTOR		Lesse W	24a, REC'		REGISTRAL'S SIGN					



PHYSICIAM'S

NAME (Type)

220 Baltimore Ave. Cumberland, Md

DATE SIGNED

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Greenmount Cemetery Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE PAL REGISTRAR'S STONATURE 24o. REC'D BY REGISTRAR John J. Hafer. Cumberland, Maryland

may be r abod VS A15 (4) 1SM 10/57

funeral



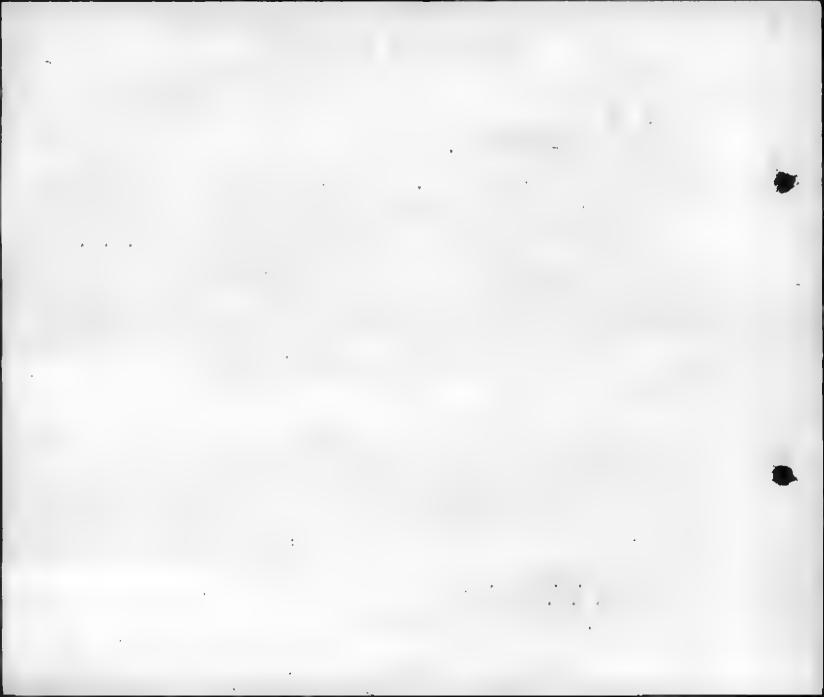
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

7429	CERTIFICATE	OF DEATH
4 4 0 .7		OI DECIII

Reg. Dist. No. ()75(14

	ו	ALLEGANY	YLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY ALLEGANY									
		b. CITY OR TOWN (IF RURAL and give nea CHMRFRI AND	rest lown)	9	DAYS	/ IN 16							
,	Г	d NAME OF HOSPITA OR INSTITUTION	L (If not in hospy)	WI'CK 'A	<b>4D</b>		d STREET ADDRESS  e. IS RESIDENCE ON A FARM						
,	М	EMORIAL HO	SPITAL-MEM	HORIAL A	VE.		ldtown	n Mar	ryland	<u>l</u>			NO N
	3.	NAME OF DECEASED	Fi	rst	Middle	t	los	F	4. DATE OF	Mon	th	Day	Year
	_	(Type or print)		RTLE	Ma	M. SLIDER			DEATH	JUL	Υ	278	19 58
		SEX	6. COLOR OR RACE		NEVER MARR	IED 🔲 B	DATE OF BIRT			P. AGE (In years lost birthday)			NDER 24 HRS
		EMALE	WHITE	WIDOWED [	_			28,I8		/2 yn.	matins L	Days Hai	ers Min
	100	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife						YLAND		gtown		S. A.	HAT COUNTRY
	13,	FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME				
			MICHAE			NORA	CRABTI	REE					
	15. (Yes	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give war or dates of t	CES? 16 SOC	TAL SECURITY NO	17, INF	DRMANT			Addi	623		
	_	_No		No			ORIAL I	HOSPIT	TAL	CUMB	ERLAND	, MAR	YLAND_
			H {Enter only one co	ouse per line to	r (o), (b), and (c)	1 5						INTERVAL	BETWEEN ND DEATH
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	1/1	en y					1			V , YAL
		400	DUE TO	17/	perly	المناويب أسطامنا	CONT	~ ~		how Our	2002	5-	
1		Conditions, if any gove rise to im		1 2	regal	y er	10	14	~~~~	Iron	22	59	C-614- 1
]		couse (a), stating th		1-10		7	2 water						
	z	Iying couse lost.   (c)											
	CERTIFICATION	470X	K SIGNIFICANI CON	DITIONS CONT	INIBUTING TO DE	ATH BUT NO	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART I	(a) 19. W/ PEI YES	REORMED7
		20a ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	206 DESCRIBE	HOW INJURY C	CCURRED. (	Enter nature of	injury in P	ort I or Port I	Il of item 18.)			
	MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye	or 20d. INJUR	Y OCCURRED	20e. PLACI	OF INJURY (I	lome, form,	20f. (City o	or Iown]	(Co	บกไรไ	(Stole)
	MED	Hour a.m. p.m	19	While of work	Not while of work	tactor	y, street, office	bldg., etc.)	1		•		• •
		21. I certify tha	t I attended the	deceased f	from 1	· -	101 4	toki	人, Z	7 1057	Abak I Ja	ah amus th	ne deceased
		alive on the	727	19 5 3		death o	ccurred of			the causes a			
		7	7	/	,_, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	acam o				et, city on town.		date si	DATE SIGNED
		SIGNATURE	-07c/11	1152	mygen	_ u	12	86	Lynn	ndt	,		
/			DR / G./31	MONS.		- Pitt							
		PHYSICIAN'S NAME (Type)	KANAKANY	ANYORK	<b>G</b> X		-Cal	グン	hand -	ml	3-1-06		
		BURIAL, CREMATION, REMOVAL Specify			. NAME OF CEM				22d LOCATIO	ON (City, town, o	r county)	(S	fole)
	-	uriai	7-30-58	3 Z	ion Men	noria	l Park	2		berland			
	23.	FUNDAL DIRECTOR'S	SIGNATURE	selly	ADDRESS	444		24a. REC'D	BY REGISTR		TRAR'S SIGN	ATURE	
4	Ji	ames F. S	carpelli	Cum	berland	Md.		DATE JUI	L 3 1 '58	1 Cler	Lexue	· la	



VS A15 (4) 15M 9/55 Na

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	3

7502	CERTIFICATE	OF	DEATH

Reg. Dist. No. 07505

	LACE OF DEA	тн Allegany		MARYL	AND	2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission o. STATE Md b. COUNTY Allegany							
		WN (If outside corporate lim give nearest town) DURE	nits, write	6 Mo.	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg							
	NAME OF H	OSPITAL (If not in haspital,	give street	address)		/ d. STREET ADDRESS  48 Main:  1 IS RESIDON A F							RM?
1 (	NAME OF DECEASED (Type or print)	_	rsi	Mae Middle		Soult	il	4. DATE OF DEATH	July	onth	24 24	Year	
5. S	ex Temale	6 COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIE		June 9		6	9, AGE (In year lost birthday 32 y	) Months		Hours /	4 HRS Min
	House 1		done 10b.	KIND OF BUSINESS OF	RINDUS	W. Va	le'					S.A.	
13.	FATHER'S NAM	-				14 MOTHER'S	_	_					
_		. Cayton					e Mor	rison					
15. (Yes	WAS DECEASE	EDEVER IN U. S. ARMED FO		SOCIAL SECURITY NO		FORMANT				ddress			
					1	irs. Jos	eph C	onroy-	-Westerr	port,	Md.		
7	Canditians gove rise couse (a), st lying cause	Translation 1	b) <i>O</i>	rteriose	len	stic (	Card	covo	scular	Julas Julas	40 9	Kan	2
CERTIFICATION		I. OTHER SIGNIFICANT COI		CRIBE HOW INJURY OF			**************************************			SIVEN IN PA	` '	PERFORME	0 3
	OR CONTRIB	NT WAS UNDERLYING AUTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)											
MEDICAL	Hour	INJURY Manth, Doy, Ye o. m. 19 p. m. 19	ear 20d. 1 While of wor	Not while		CE OF INJURY ( ary, street, office			er town),		(County)	(	(Stote)
	21. I certii	fy that I attended the	e deceos	ed fram:	~ C	19.52	2, lo	7/2-	2 190	28, that I	last sav	the dec	ceased
	alive on	7/4	, 19	5. %, and that	death	accurred ot					the date	stated a	abave
	ACTUAL SIGNATURE_	John	B,	Davis	N	l.D	7 1	S P C	treet, city or tow	in, state)		7/2=	SIGNE
	PHYSICIAN'S NAME (Type)	John	13.	DAVIS,	MI	),	F	V E 5	7641	891	md		
220	BURIAL, CREA			Hamilton				276 LOCA Hami	TION (City, town	or county)		(Stole)	
23	FUNERAL DIRE	CTOR'S SIGNATURE		ADDRESS Westernport			240 REC'E	BY REGIST	RAR 246 RE	GISTRAR'S SI	IGNATORE	10.0	

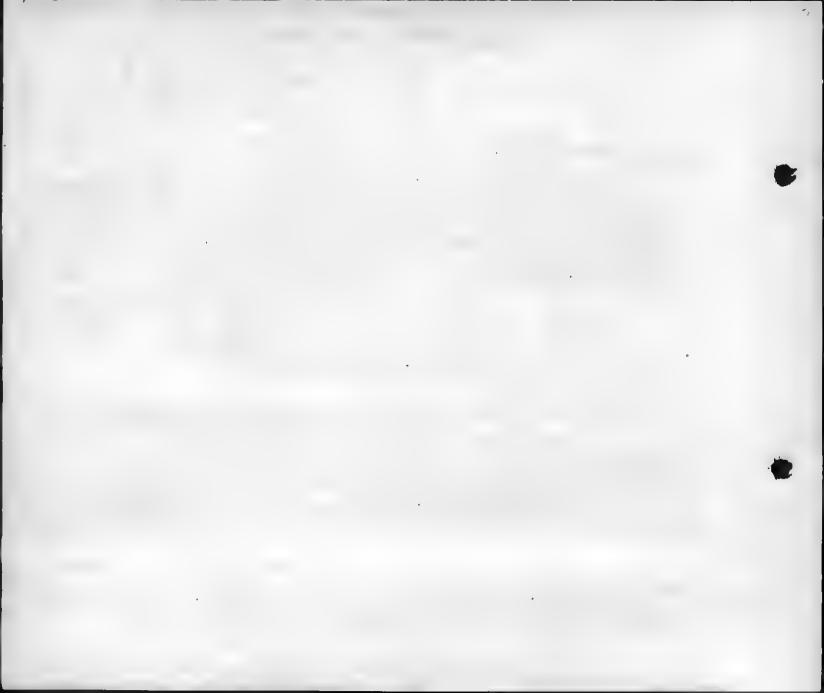
Frostburg 6 Mo. Prostburg 48 Main Minera Hospital x 58 42 Soult Eva. July Mae 32 June 9, 1926 White Female × W. Va. U.S.a.

600 of 1" ... seems

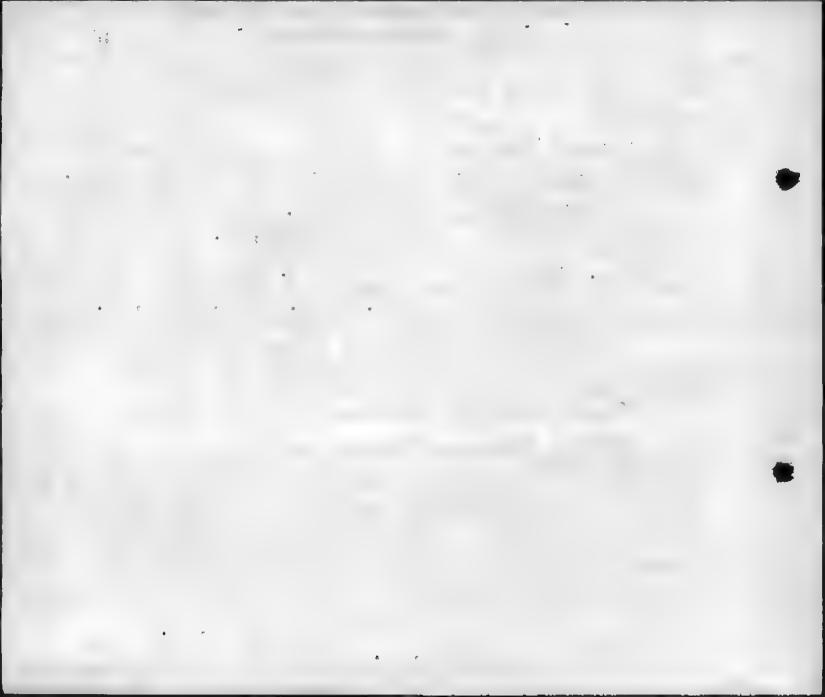


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

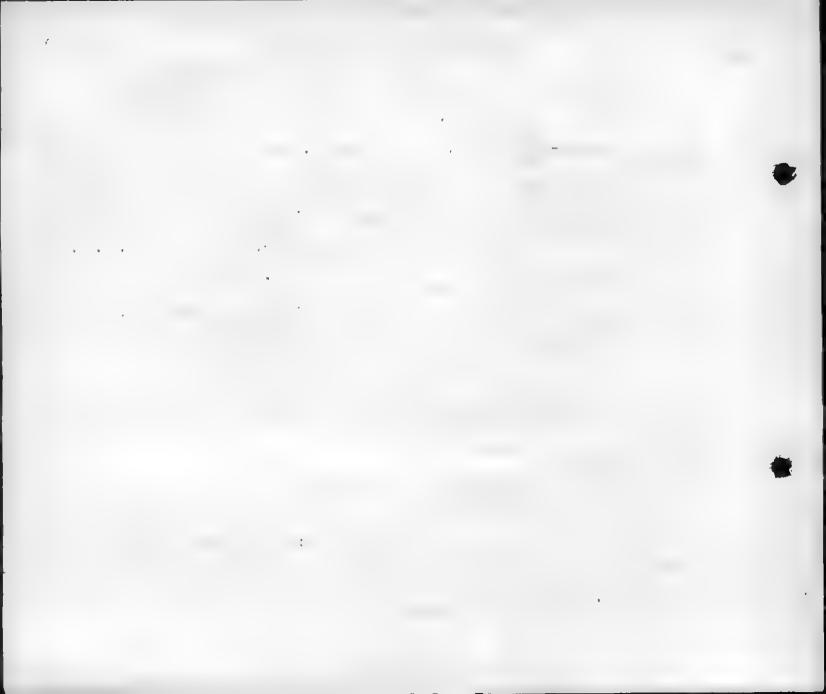




500/ offer TO VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO [ Month JULY 9. AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS Months Doys Hours 12 CITIZEN OF WHAT COUNTRY U. S. A. Address CUMBERLAND. MARYLAND INTERVAL BETWEEN ONSET AND DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) \_\_\_\_\_\_, 19\_\_\_\_,that I last saw the deceased and that death accurred at 2:57P.M. from the causes and an the date stated above ADDRESS (Street, city or town, stole) DATE SIGNED 22d LOCATION (City, lown, or county) (Stote) 246 REGISTRAR'S SIGNATURE AUG



VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7494 CERTIFICATE OF DEATH

Reg. Dist. NO 7511

-	-														ACTUAL DESIGNATION OF THE PARTY
_	1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND						USUAL RESIDENCE (Where deceased lived if institution Residence before admission)     O. STATE								
		ALLEGANY				MARYLANI				A	LLEG				
		<li>b. CITY OR TOWN (If RURAL and give ne</li>	outside corporate limit arest town)	s, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOW	N (If o	ulside corpo	rote limits, writ	e RL	RAL and	give neo	irest fow	n)
		CUMBERLAND			II DAYS	1 R. D.	4.5	Cumb	erland.						
		d NAME OF HOSPITAL (IF not in hospital, give street oddress) OR INSTITUTION					d STREET ADDR	E5S						e. 15 RE	SIDENCE
	MEMORIAL HOSPITAL-MEMORIAL					Rt. 22	0	Cresa	town. Hd.				ON A FARM?		
	3	NAME OF DECEASED	Fits	if .	Middle		Last	2	4. DATE	Month		h	Day		Yeor
		(Type or print)	RO	Y	LE	E	WARE		OF DEATH		JI	JLY	2	1	19 58
_	5. 1	SEX	6 COLOR OR RACE	7 MARRI	ED NEVER MARRIE		B. DATE OF BIRTH			9. AGE (In yes	273		RIYEAR	*	
T		MALE	WHITE	WIDOWE	/ h		MAY 14 1	905		lost birthdo	y) m.	Months	Days	Hours	Min
1	104	. USUAL OCCUPATIO	N (Give kind of work d	one 10b. I	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTHPLACE	(Stote	or foreign c	ountry)		12 C	ITIZEN O	F WHAT	COUNTRYS
-	H	lachine ope			CELANESE	Cor	WEST	VES	RGINIA			111	S. A	Α	
	13.	FATHER'S NAME					14 MOTHER'S MAI					114	-74	<b>!</b>	
		FL	OYD WARE				AMA	NDA	Preil	L					
	15.		IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT			1	vddre	255			
		No.	, let Aug or agen or re		L7-10-6044	M	EMORIAL HO	OSPI	LTAL	CUMBER	RL/	ND.	MARY	(LAN	0
		18. CAUSE OF DEA	TH [Enter only one cou	se per lin	e for (o), (b), and (c).]								INTE	RVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (6) Acute heart Block 6 da.														
		4201	DUE TO												
	Conditions, if ony, which) (b) Acute myocardial infarction 9 da.														
		gove rise to in	nmediate (		<del></del>	W 3-04 Alb. Sc		Ath. V	YAYAA				1		4.6
	cause (o), stating the under   DUE TO     lying cause lost.   (c)   Coronary Heart Disease   14 da.														
	ĕ	PART IT OTH		HIONS C	ONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE	TERMIT	NAL DISEASI	CONDITION	GIVE	N IN PA	RT 1(o) 11	WAS	AUTOPSY
	CATION		none											PERFC	RMED?
	臣	20a. ACCIDENT WAS		20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter nature of inju	ry in P	art I or Port	Il of item 18.)					110
	CERTI	OR CONTRIBUTING	☐ CAUSE OF DEATH! WEDICAL EXAMINER)					•							
	3		Month, Doy, Yea	r 20d IN	none	20e PLA	CE OF INJURY (Home	form	20f. (City	or town)			(County)		(State)
	MEDICAL	Hour o.m.	19	While	Not white	foct	ary, street, office bldg	g., e1c.	)	Co Towns			(County)		faintel
	2	p. m.				'1 F7		7	7 0						
		21. I certify the	of lattended the	decease	d from July	10,	, 19 <u>_0</u> 8, to	JU	TA Se	. 19. ,	<u>Ş</u> Ç	that I	last sa	w the	deceased
		alive on	Y_24_	-, <b>y</b> 2.5	8 and that a	death	occurred at/it						the dat	e state	ed above
		ACTUAL	1	lace	ena Mis					reet, city or to	vn, s	tote)	- 1		ATE SIGNED
		SIGNATURE	ruell.			<u> </u>	140 Be	di	ord S	Street			7/2	35/5	8
,		PHYSICIAN'S	D IANEC IIA		M										
4		111	R. JAMES HA		N		Gumber	cla	nd,	aryla	nd				
	220.	PEMOVAL (Specify)	22b. DATE THEREO	-	22c NAME OF CEMET		CREMATORY		22d. LOCAT	ION (City, tow	n, or	county)		(Stat	e)
		Burial	7/27/58			t Bu	rial Park		Cum	berland	,	Mary	1and		
	23.	FUNERAL DIRECTOR'S		4 4	ADDRESS		240	REC'D	BY REGIST	RAR 245 RE	GIST	PAR'S S	GNATUR	E	
		n. nayne	reorge. Cum	berl	and, Maryla	and	DAT	E JU	L 2 8 '5	58 U	بال	Lea	uch		



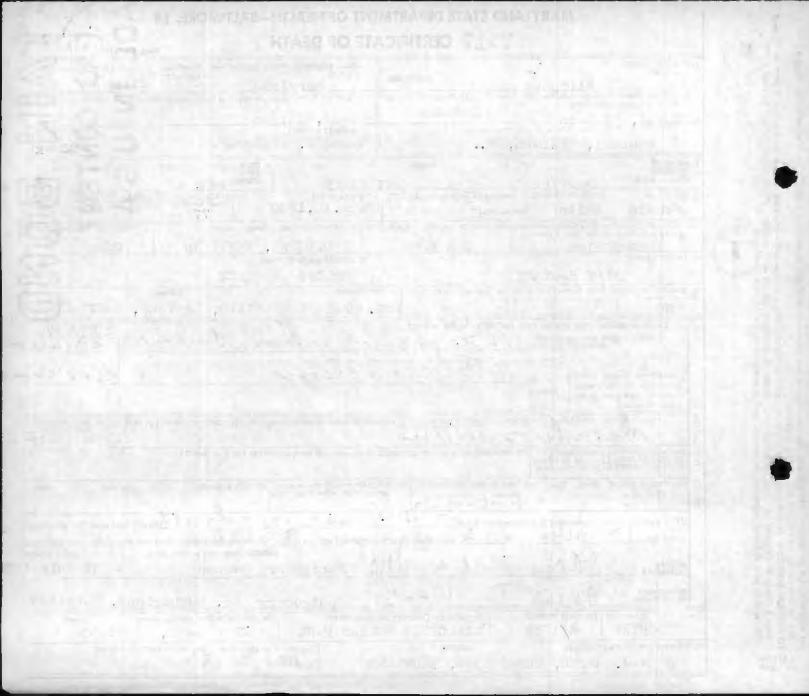
VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7517 CERTIFICATE OF DEATH

Reg. Dist. NJ) 7512

1. PLACE OF DEATH o. COUNTY			MARYLAND		SUAL RESIDENCE (V	Where deceas	ed lived. If institution			ission)
	Allegany				Mary!			Alle		
b. CITY OR TOWN (- RURAL and give n	If outside carparate limit	s, write	c. LENGTH OF STAY IN 16	€.	CITY OR TOWN (I	f outside corp	orote limits, write F	URAL and give	nearest to	wn)
	ldtown		2 YEARS	XR.	ral.Old	nwn				
d. NAME OF HOSPIT	IAL (If not in haspital, g	ive street	oddress)		STREET ADDRESS	V STIFF			le. 15 R	ESIDENCE
Route	10 2 24			/ Ro	oute 1, (	ldtow	n	4	YES]	A FARM?
B. NAME OF DECEASED (Type or print)	BERTIE	şi e	Middle W	VIGE	Lest TELD	4. DATE OF DEATH	Moi July 29		Day	Year 19 58
. SEX		7. MARR	IED NEVER MARRIED	_	E OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UN	
Female	White	WIDOW		Sej	ot.10,188	30	last birthday) 77 yrs.	Manths Da	ys Hour	Min.
os. USUAL OCCUPATIO	ON (Give kind of work oking life, even if retired)	lone 10b.	KIND OF BUSINESS OR IND	USTRY 1	1. BIRTHPLACE (Sto	te ar foreign	country)	12. CITIZEI	N OF WHA	T COUNTR
	EWI FE		OWN HOME		OI DTO	UNI MA	RYLAND	77	SA	
. FATHER'S NAME	(DATE D		Only horiz	14.	MOTHER'S MAIDEN		ICI LIMITO		O12	
RI	LEY HARTLE	Y			MELINDA		EY			
S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORM	IANT		Add	ress		
NO	(in feet, give wor or come or m	L A (CR)	RE	ev. I	HARTLEY V	YIGFIE	LD, LA V	ALE, M	ARYLA	ND
	mmediate (	//	treers &	A	elevor	evel	Lines	ey c	Iln	Jan Jan
lying couse last.	(c)									
PART II OTH	Stules	DITIONS C	elletus	JT NOT R	ELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	/EN IN PART 1(c	PERF	ORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OCCURR	RED. (Ente	r nature of injury in	Part 1 ar Pa	rt (1 of item 18.)			***************************************
20c. TIME OF INJUR Hour e. m, p. m.	Y Month, Day, Yea	While	NOT while of work	PLACE OF	INJURY (Home, far treet, affice bldg., e	rm, 20f. (Cir	y or town)	(Cour	nty)	(State
21. I certify the alive on	at attended the	decease _, 19_>	V	th accu	rred at 1.3	ADDRESS (	m the causes of street, city or town,		date sta	
PHYSICIAN'S NAME (Type)	DAVID	T	: Icees	2			ve. Cumb		Mar	yland
REMOVAL (Specify)	8/1/58		HILLCREST E		AL PARK		MEERLAND		LAND	ote)
FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			D BY REGIS	- 1/ 3 . /	STRAR'S SIGNA	URE	
JOHN J.	HAFER, CU	MBER	LAND, MARYLA	ND	DATE	G 6 '5	8 Wy	-eauch		



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

AMPAN

	7518 ME	DICAL EXAMINER	S CERTIFICA	TE OF DEATH	Reg. Dist. No	0.4919						
a. COUNTY	Allegany	MARYLAND		Where deceased lived. If instry yland b. Cour		egany						
and give near	VN (If outside corporate limits, write It. Savage	RURAL C. LENGTH OF STAY IN 16	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Mt. Savage									
d. NAME OF H	OSPITAL OR INSTITUTION (	f not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDEN ON A FAR YES NO									
3. NAME OF DECEASED (Type or print)	BERTHA	CLARE	WINNER	4. DATE MO OF July	21 Day	Year 19 58						
femal		7. MARRIED NEVER MARRIED   I	12-7-1901	9. AGE (In years has bishholty)	Months Days	IF UNDER 24 HRS. Hours Min.						
during most of nouse	PATION (Give kind of work overking life, even if retired)	own home	Maryla Maryla	The state of the s		S.A.						
	13. FATHER'S NAME  John Martin  Mary O'Connor											
15. WAS DECEAS	D EVER IN U. S. ARMED FOI	facurat	NFORMANT loysius Wir	nner, Mt. Sa		d.						
	DEATH (Enter only one country one Country WAS CAUSED BY: IMMEDIATE CAUSE (c)	Coronary	occlus		ERVAL BETWEEN BET AND DEATH LEADLE M.							
	if ony, which (b)	Coronary	y Ocelusian Sudd									
(a), stating cause last.	the underlying DUE TO (c)											
PART I	OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY						

200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY Month, Day, Year e. m.

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) white Not white foctory, street, office bldg., etc.)

(County)

(State)

NO T

21. I certify that I took charge of the remains described above, held an Autopsy . Inspection .

While Nat while at work

ond in my

ACTUAL

Accident . Suicide . Homicide . Undetermined monner opinion deoth resulted from: Natural causes A.

DATE SIGNED

YES |

NAME (Type)

Inquiry X.

220. BURIAL, CREMATION, 226. DATE THEREOF

27d. LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

St. Patrick's Cemetery

24a. REC'D BY REGISTRAR

Mt. Savage, Md. 246. REGISTRAR'S SIGNATURE

execute the certificate, wr 4 shauld be forwarded to TO FUNERAL DIRECTOR: P or its designated agent, p VS. A15ME 5M 2/57

J. R. Durst, Frostburg, Md.

